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***The 1998 Survey about
Health and the Health
System in Alberta***

Conducted by the
Population Research Laboratory
University of Alberta

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for
Alberta Health

June, 1998

**1998 Health Survey about
Health and the Health System
in Alberta**

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1 Introduction

The 1998 Survey About Health and the Health System in Alberta follows similar surveys conducted previously in 1997, 1996 and 1995. For the 1998, 1997 and 1996 surveys, Alberta Health contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a survey of 4000 adult Albertans. The purpose of the surveys was to obtain the views of the public on the performance of the health system in Alberta.

The 1998 survey questionnaire was administered to a stratified sample of Albertans in each of the province's seventeen health regions. The PRL's twenty station computer assisted telephone interviewing system was used to conduct the survey which took place between April 6 and April 29, 1998. This report details the key findings from the survey.

2 Methods

2.1 Survey Instrument

Alberta Health established a number of key objectives for the survey instrument. The survey was to assess:

- self-reported health status and health needs.
- behavioural and lifestyle contributions to health.
- the family's contribution to health care.
- availability and accessibility of health care services.
- failure to receive needed care.
- information received from health care providers.
- satisfaction with the health care system.
- knowledge of health services.
- involvement in decision-making.
- variation by age, gender, and health region.

The 1998 survey follows similar surveys conducted in 1997 and 1996. In order to allow for comparison with the data collected in the previous years, it was necessary, wherever possible, to replicate the questions exactly as they were asked in 1997 and 1996. In addition, seven questions from 1997 were dropped, while three new questions were added in 1998. Another addition to the 1998 survey involved asking respondents who expressed some difficulty getting the health services they needed if they would participate in a follow-up survey. Some of the survey questions in 1998, 1997 and 1996 were similar to those asked in large scale health studies conducted by Statistics Canada and Health Canada, permitting national comparison of results with existing and forthcoming data sets.

A draft form of the 1998 survey instrument was developed as the result of discussions between Alberta Health and the PRL. This instrument was formatted for use in the PRL's computer assisted telephone interviewing (CATI) system, and then pretested on a random sample of 40 Albertans on March 19, 1998. The purpose of the pretest was to assess the questionnaire for clarity, for ability to generate a strong response rate, and to test the programming of the CATI system. On the basis of the results from the pretest, minor changes were made in order to better meet the needs of Alberta Health. The complete questionnaire is in Appendix A of this report.

The final questionnaire contained the following changes from 1997:

- In the 1997 survey, respondents were asked "How easy or difficult is it for you to get the health care services you need when you need them?" (question 8a). In 1998, respondents who reported some difficulty getting needed services were then asked: "Which services do you have difficulty obtaining?" (question 8b).
- In the 1997 survey, respondents were asked to rate the quality of health care services that they personally received in Alberta in the past 12 months. In 1998, a parallel question was added to assess the quality of health services personally received at a hospital in Alberta in the past 12 months (question 16a-e). Similarly, question 17a-f was added to assess the quality of health services that a member of the respondent's household received at a hospital in Alberta in the past 12 months.
- In the 1998 survey, respondents who expressed some difficulty getting the health services they needed were asked if they would participate in a follow-up survey (question 34).
- For the 1997 survey, a series of questions had been added to assess health care insurance coverage, insurance for dental

services, and insurance for prescription drugs (questions 27 through 33 in the 1997 survey). These questions were deleted for the 1998 survey.

2.2 Changes in Regional Health Authority Boundaries

Boundary changes (in particular the transfer of the County of Leduc from Crossroads RHA to Capital RHA) announced for April 1, 1998 did not affect the 1998 survey which addressed the previous 12 months. Sampling for the 1998 survey was based on the 1997/98 boundaries. The 1996 survey data had been previously adjusted to take into account earlier boundary changes. Accordingly, the 1998, 1997 and 1996 surveys are comparable.

2.3 Sampling

The delivery of public health care in Alberta is the responsibility of seventeen health regions, which vary greatly in size and demographics. In order to provide accurate information to the seventeen regions, it was important that each region obtain sufficiently detailed data.

It was decided that a minimum of 100 interviews should be conducted in each of the regions. This sample size provides an approximate accuracy level of $\pm 10\%$, nineteen times out of twenty. In the Calgary RHA, the largest health region, the accuracy level is approximately $\pm 4\%$ while for the entire province the accuracy level is approximately $\pm 2\%$, nineteen times out of twenty. When examining differences between years, a difference of 3% or larger is significant for provincial estimates, while significant differences for changes within a region range from 6% for the Calgary RHA to 15% for the smallest RHAs, depending on the regional sample size.

In accordance with the methodology used in 1996 and 1997, the four health regions with the smallest populations were each assigned the minimum of 100 interviews and the remaining sample of 3600 was divided between the remaining 13 regions. The formula used to divide the sample was to allocate survey quotas proportionate to the square root of the population 18 years of age and older in each of the regions, using 1997 Alberta Health Registration Population data provided by Alberta Health.

In order to conduct valid analysis of the all-Alberta data, the responses from the various health regions were weighted appropriately. Thus, for example, although 100 interviews were conducted in the Northwestern Health region, the adult population of that region represents only approximately 21/4000 of the total adult population of

Alberta (meaning that in a proportionate sample, only 21 interviews would have been assigned to this region). The responses from the 100 surveys conducted in that region were merged into the full Alberta data with a weight of 0.21. The calculation resulted in the following breakdown of actual surveys and weighted samples between regions:

Region	Sample size	Weighted sample	Region	Sample size	Weighted sample
1 - Chinook	264	204.82	10 - Capital	612	1104.50
2 - Palliser	206	125.12	11 - Aspen	194	111.51
3 - Headwaters	185	101.15	12 - Lakeland	220	142.67
4 - Calgary	654	1258.65	13 - Mistahia	203	121.13
5 - Health Authority 5	157	72.71	14 - Peace	100	28.05
6 - David Thompson	292	251.61	15 - Keeweenok L.	100	32.11
7 - East Central	223	146.70	16 - Northern Lights	100	53.93
8 - WestView	205	123.28	17 - Northwestern	100	20.67
9 - Crossroads	185	101.40			
			TOTAL	4000	4000

The weights attached to the data from each region for all-Alberta analysis purposes are as follows:

Region	Weighting multiplier	Region	Weighting multiplier
1 - Chinook	0.7758178671	10 - Capital	1.8047439142
2 - Palliser	0.6073597402	11 - Aspen	0.5747751882
3 - Headwaters	0.5467738832	12 - Lakeland	0.6485074854
4 - Calgary	1.9245463658	13 - Mistahia	0.5967087882
5 - Health Authority 5	0.4631127392	14 - Peace	0.2805276647
6 - David Thompson	0.8616612659	15 - Keeweenok Lakes	0.3210611281
7 - East Central	0.6578390656	16 - Northern Lights	0.5392621124
8 - WestView	0.6013588482	17 - Northwestern	0.2067379442
9 - Crossroads	0.5481023898		

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons of specific age and gender for each of the regions. This sampling method assures proportional representation for age and gender groups which might be underrepresented in a fully random sample. Typically, underrepresented groups would include young people, especially males, and the elderly. Young people are less likely to be home and available for an interview, while some elderly Albertans take extended vacations or are living in residential facilities and may not be accessible through a random digit dialing approach. The full quota table is reproduced below:

Quota Table By Health Region, Age and Sex

Age	Sex	Health Region																	Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
18 -	M	20	14	13	40	11	20	15	14	13	40	14	16	16	8	9	9	10	282
24	F	19	14	12	39	10	20	14	14	12	39	12	14	15	7	8	9	11	269
25 -	M	53	44	41	155	32	63	43	47	40	137	42	44	47	23	25	28	27	891
44	F	52	43	42	157	32	64	44	47	40	136	42	47	47	22	25	27	25	892
45 -	M	36	27	26	91	23	40	31	32	28	86	29	31	28	14	13	14	11	560
64	F	36	27	25	90	22	40	31	29	26	86	26	31	26	13	11	11	10	540
65 -	M	12	9	7	23	8	12	11	7	8	24	9	10	7	4	3	1	2	157
74	F	13	11	7	26	7	13	12	7	7	27	8	10	7	4	2	1	2	164
75 -	M	9	7	5	12	5	8	9	3	5	14	5	7	4	2	2	0	1	98
plus	F	14	10	7	21	7	12	13	5	6	23	7	10	6	3	2	0	1	147

A random digit dialing approach was used within each health region to contact respondents. This method ensures that a random sample of Albertans is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xyy) are in operation. A simple program is then used to randomize the last two digits (yy) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations. In order to assure accurate allocation of respondent to health region, each respondent was asked to indicate their residential postal code, which was matched against a list of postal codes by health region.

As with any telephone-administered survey, certain categories of resident are excluded. These would include all those living in a household without a telephone, many of those living in long-term care facilities, and persons residing in correctional facilities. Estimates suggest that approximately 97% of Canadians can be reached by a telephone survey.

2.4 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and gender bias, other potential biases can only be addressed by assuring the highest possible response rate. For example, unemployed, sick, and disabled persons may be more likely to be at home and therefore will tend to be overrepresented in a random survey with low response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed at least fifteen times at different times of the day before they were coded as "no response". This increased the likelihood of securing an interview with busy individuals. Second, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Different methods are used to calculate response rates. The 1997 and 1996 surveys reported two different calculations of the response rate. The first calculation uses the following formula:

Response rate =

$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus \# refused plus \# incompletes plus \# language barrier}}$$

Using this formula, the following comparison of response rates is obtained for the 1998, 1997, and 1996 surveys:

	1998	1997	1996
Completed	4000	4000	4000
Refused	695	961	1125
Incomplete	35	31	29
Language barrier	60	117	81
Response rate	83.5%	78.3%	76.4%

Normally, the Population Research Laboratory uses the following method for calculating the response rate in its surveys. A number of categories of uncompleted call dispositions, which are disregarded in the above formula, are incorporated in the following formula. This calculation will show a lower response rate than the above calculation. The formula used by the PRL follows, using disposition codes from the disposition table below.

Response rate =

$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1-3,6-10,13,14,20}}$$

Using this method, the response rate for the 1998 survey is 68.3%, an improvement over the 1997 response rate of 60.8% and the 1996 response rate of 61.4%.

CATI Disposition	Final Outcome of Call Attempt	1996 Frequency	1997 Frequency	1998 Frequency
1	No answer *	748	932	548
2	Busy *	44	25	24
3	Answering machine *	248	225	288
4	Completed Interviews	4000	4000	4000
5	Line Trouble *	53	32	60
6/14	Respondent not home / household residents away	88	148	65
7	Callback - Time specified *	155	136	139
8/13/20	Initial refusals/Final Refusals/Refusal Callbacks	1125	961	695
9	Incomplete interviews	29	31	35
10	Language problems	81	117	60
11	Not in service	4431	5159	4225
12	Business / Fax	2956	3681	3321
15	Disposition not used in CATI system	N/A	N/A	N/A
16	Second residence, New resident	34	24	64
17	Outside calling area (region)	112	0	0
18	Disposition not used in CATI system	N/A	N/A	N/A
19	Quota filled	2353	3544	2382
	TOTAL TELEPHONE NUMBERS ALLOCATED	16457	19015	15906
	* Minimum 15 callbacks made to household			

2.5 Data Collection and Analysis

The PRL conducted data collection from its central research facility at the University of Alberta in Edmonton. Interviewing took place from April 6 to April 29, 1998. Interviewing was scheduled from 9 a.m. until 9:00 p.m. on weekdays, and from 9:30 a.m. until 9:00 p.m. on weekends. No interviewing was done on Good Friday or Easter Sunday.

After an initial blanket coverage of interviewing in the weekday daytime, interviewing schedules were concentrated in the weekday evening and weekend time periods. An experienced telephone interview supervisor monitored the work of the interviewers, and validated 10% of surveys. As is the practice of the PRL, a small oversample of interviews (51) was completed, which would be of use if any of the 4000 surveys did not pass the data verification phase. It was not necessary to use data from the oversample.

Data collected were automatically tabulated using the features of the PRL's CATI system. The data were imported into the SPSS-Windows system employed by the PRL for data analysis. The data were analyzed for wild codes and inconsistencies, and "other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as mentioned above. The weights are not used when the analysis focuses on separate health regions or on the characteristics of the sample itself. The weights are used when the analysis focuses on the province as a whole. A set of weighted province-wide responses was provided to

Alberta Health along with 17 separate sets of unweighted frequencies for each of the health regions. The data were also provided to Alberta health in machine-readable form.

For the purpose of this report, frequency distributions and cross-tabulations were drawn from the responses to the various questions. The results of these analyses are reported in the text of the report.

3 *Profile of Respondents*

Unweighted data were used to provide a profile of the participants in the survey. The numbers of males and females interviewed were almost equal (1988 males and 2012 females). Figure 1 shows the distribution of the population by age groups for persons 18 years of age and older in Alberta for both the 1998 survey sample and the 1996 census. The index of dissimilarity indicates that the survey sample accurately represents the adult population of Alberta. The average respondent was between 25 and 44 years of age.

Figure 2 shows that 95% of respondents indicated that their household was made up of 1 to 5 persons, including children, and that median household size was 3. Median household income in 1997 was \$50,000-54,999 before taxes. The typical respondent had completed high school and had obtained some post-secondary education.

Figure 3 indicates that just over one in three respondents in 1998 could correctly name the health region in which they lived. This figure is unchanged from 1997. The percentage of respondents who could correctly name their health region ranged from a low of 19% (Health Authority 5) to a high of 72% (Mistahia Regional Health Authority). Because of boundary changes effective April 1, 1998 which transferred the County of Leduc from the Crossroads RHA to the Capital RHA, the Crossroads' data for 1998 might be a little lower than otherwise expected.

Seventy-six percent (76%) of respondents reported that they had personally received health care services in the past 12 months in Alberta.

Figure 1

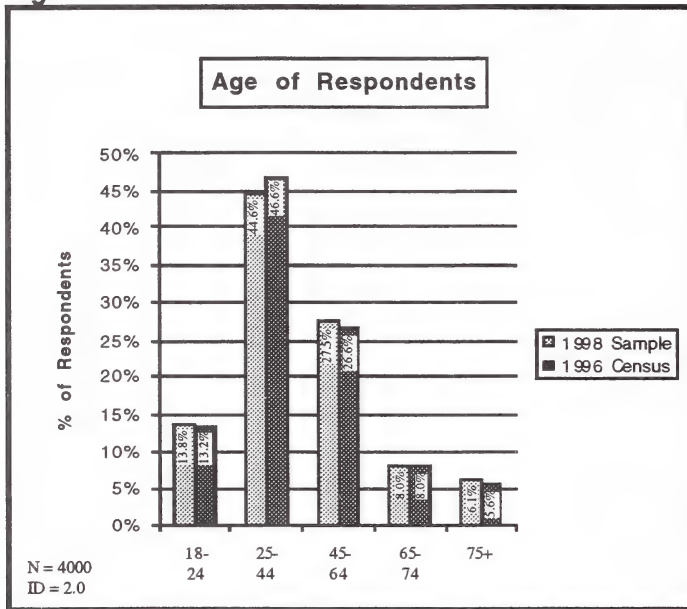


Figure 2

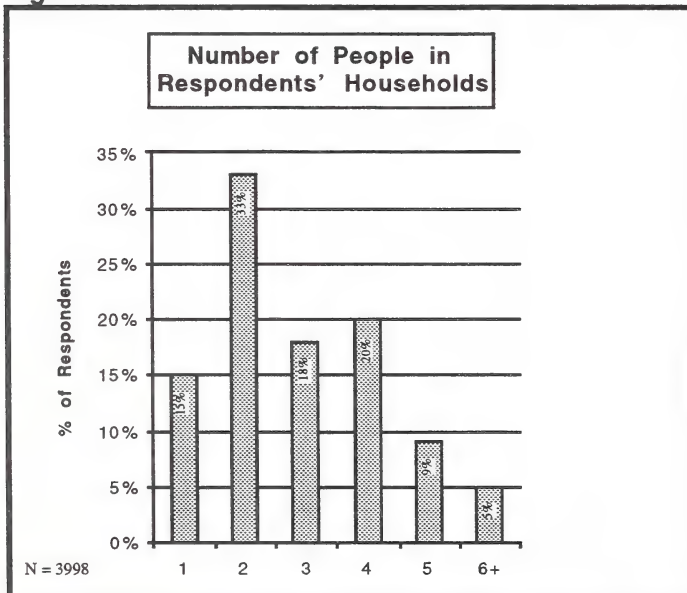
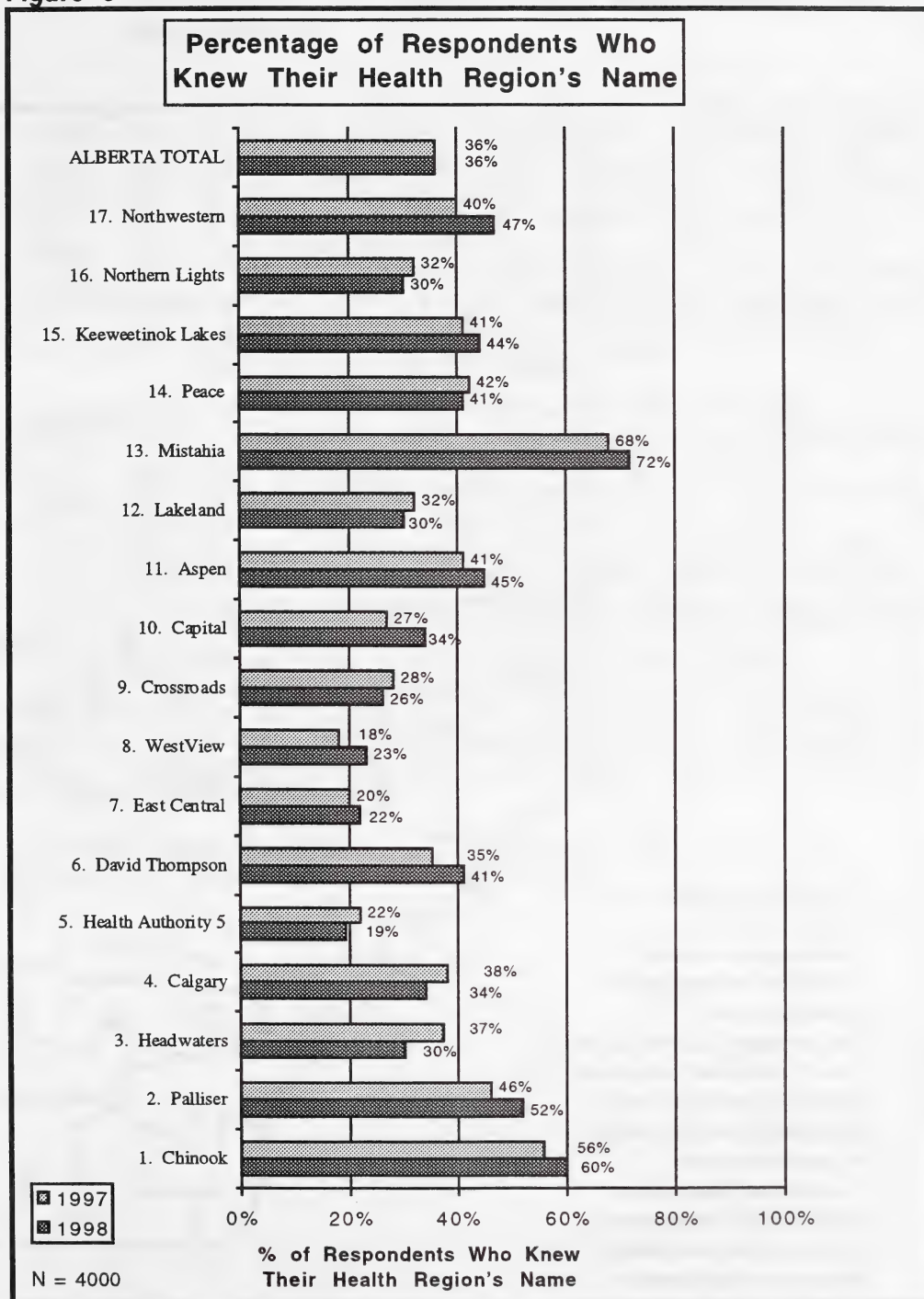
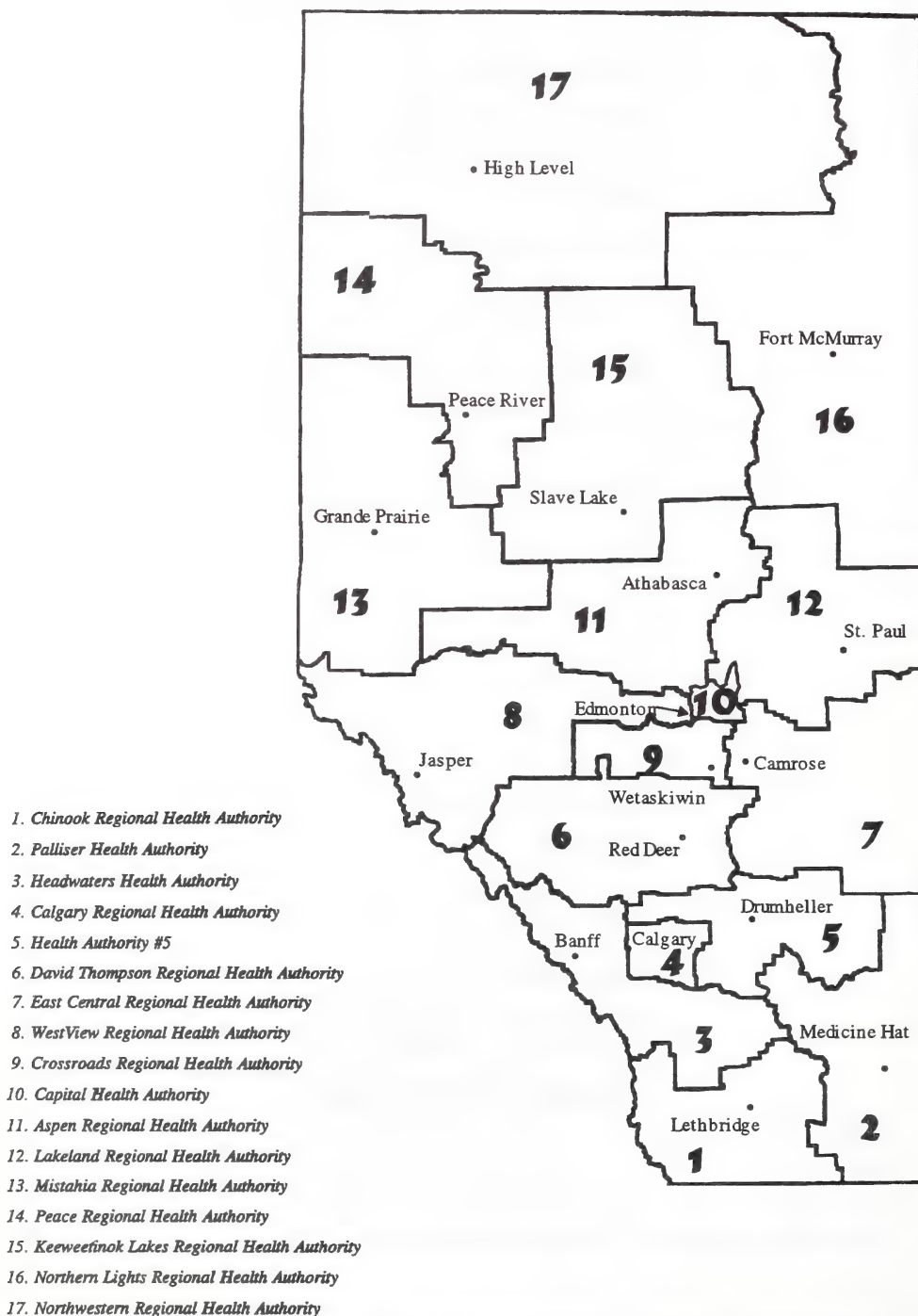


Figure 3



Alberta Health Regions



4 Overview of Responses to Key Measures

Key measures defined by Alberta Health included respondents' ratings of the health care system in Alberta, ratings of the availability of health care services in the community, ratings of the accessibility of health care services, percentages of respondents able/unable to obtain health services when needed, ratings of quality of health care services in community, ratings of quality of care personally received as well as ratings of the results of care received, and satisfaction with the health care system in Alberta. Figures 4 to 21 show the patterns of responses to the questions measuring key indicators for all Alberta for 1996 to 1998 and for each health region in 1997 and 1998.

Percentages for the province as a whole were calculated using weighted data. Changes from 1996 to 1998 for Alberta as a whole were tested for statistical significance using the Chi-square statistic. Changes from 1997 to 1998 for each individual health region were not tested for statistical significance. (The decision to not test for statistical significance at the regional level was made because, at the .05 level of significance, approximately one health region per variable examined would show a statistically significant difference when in fact there was no real difference.) When examining differences between years, a difference of 3% or larger is significant for provincial estimates, while significant differences for changes within a region range from 6% for the Calgary RHA to 15% for the smallest RHAs, depending on the regional sample size. Finally, persons who did not respond to any given question were relatively few and were excluded from the analysis.

Additional detail on responses to key measures can be found in sections 5, 8, 9, 11, 12 and 13 of this report.

4.1 Health Status

Figure 4 shows that the majority of respondents in 1996, 1997 and 1998 rated their health as either excellent or very good. These self-ratings of health did not change significantly from 1996 to 1998. In all three years, about 1 in 4 said that their health was excellent while more than 1 in 3 said that it was very good. One in 4 said that their health was good, less than 10% said it was fair, and less than 4% rated their health as poor.

Figure 5 shows self-reported health status, by health region and year of survey (1998, 1997). Health status in the Calgary and Capital (Edmonton) health regions was slightly higher than the provincial average. Overall, 62.9% of Albertans rated their health as very good or excellent in 1998 (62.5% in 1997).

Figure 4

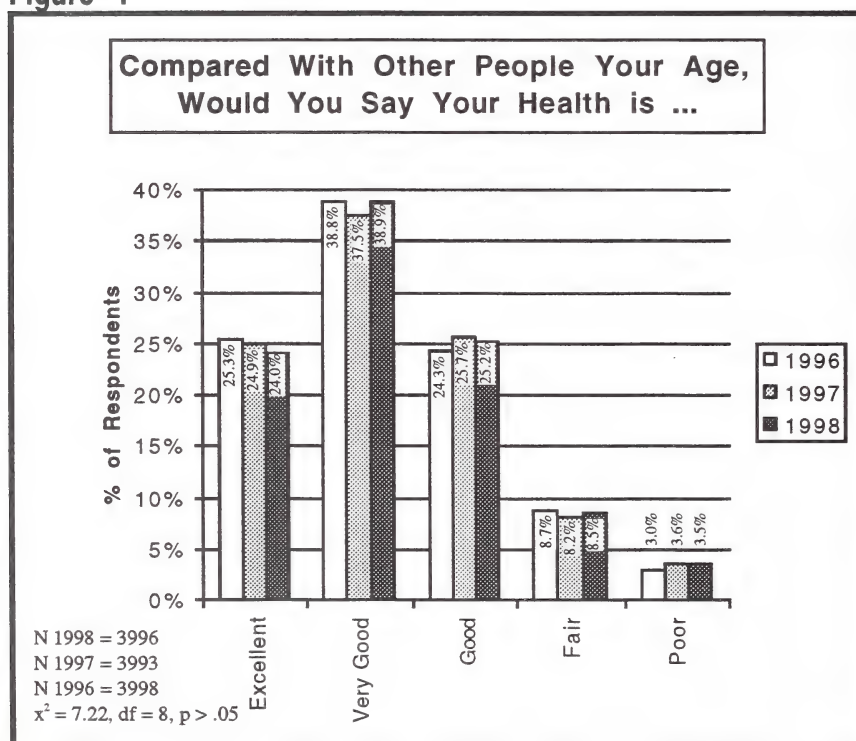
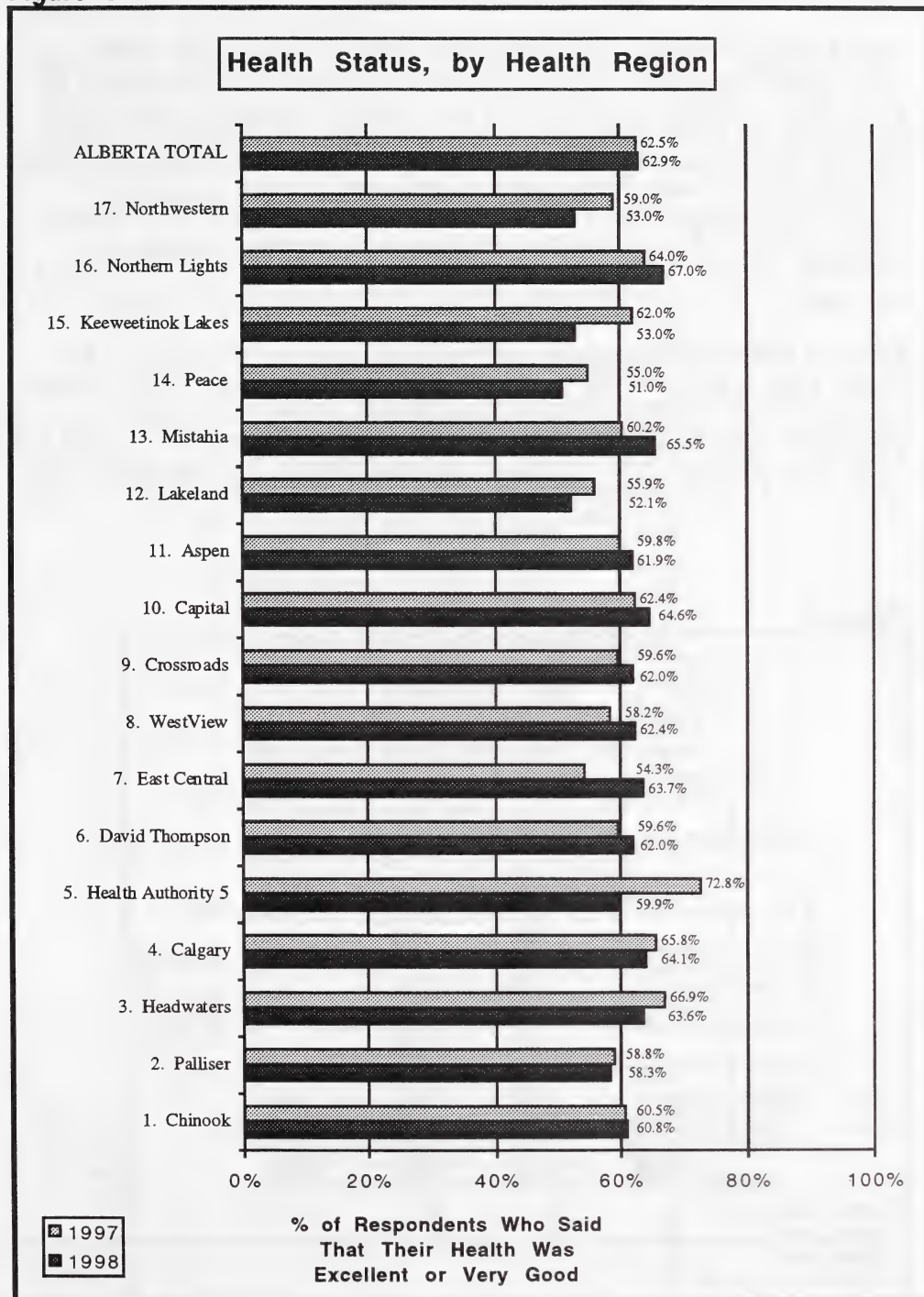


Figure 5



4.2 Overall Rating of Health System

Figure 6 shows that the majority of respondents in 1996, 1997 and 1998 rated the health care system in Alberta as either excellent or good. These ratings of the health care system changed significantly from 1996 to 1998 with respondents in 1998 somewhat less likely to rate the health care system as excellent or good and somewhat more likely to rate it as fair or poor. Nevertheless, almost one-half of respondents judged the health care system to be good in all three years. In 1998, 8.6% rated the health care system in Alberta as excellent, 47.8% rated it as good, 32.8% chose fair, and 10.8% said it was poor.

Figure 7 shows respondents' ratings of the health care system, by health region and year of survey (1998, 1997). Ratings of the health care system by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were lower than average. Overall, 56.4% of Albertans rated the health care system in Alberta as either good or excellent in 1998 (60.1% in 1997).

Figure 6

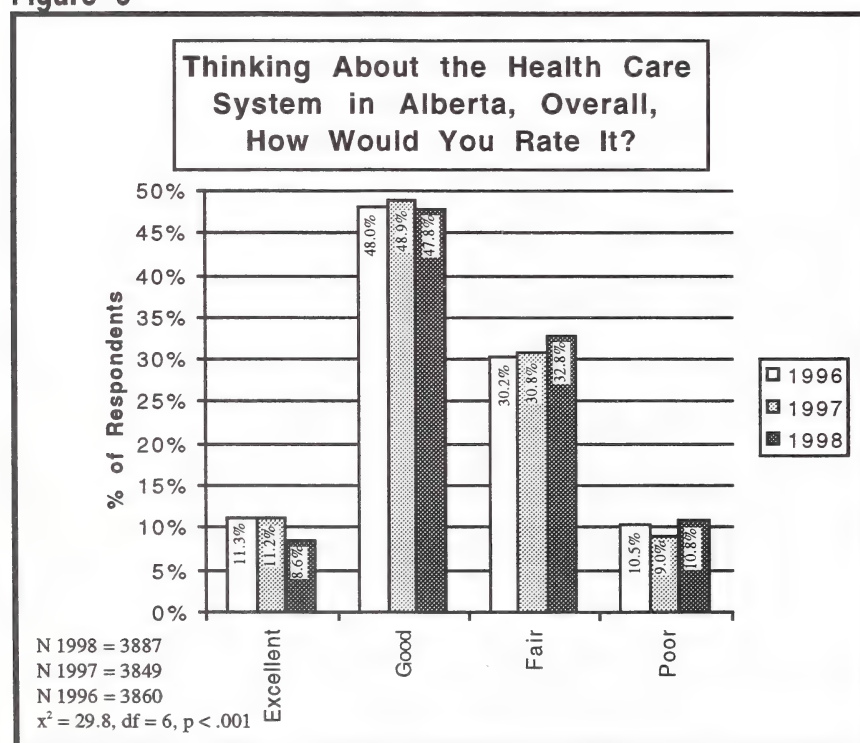
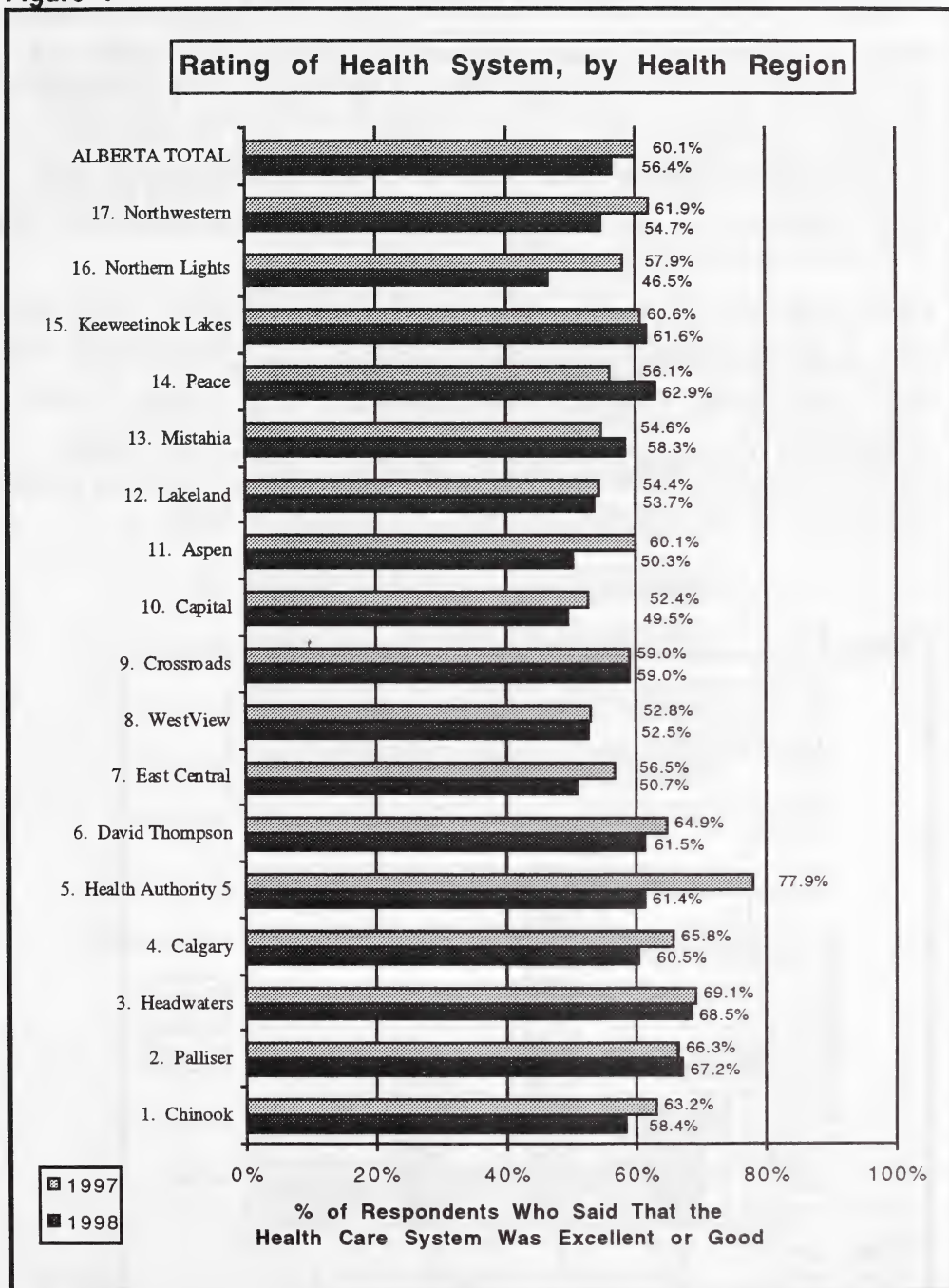


Figure 7



4.3 Availability of Services in the Community

Figure 8 shows that the majority of respondents in 1996, 1997 and 1998 rated the availability of health care services in their community as either excellent or good. These ratings of health care availability changed significantly from 1996 to 1998 with fewer respondents selecting excellent or good in 1998 and more selecting fair or poor. In 1998, 17.0% of respondents rated the availability of health services in their community as excellent, 53.6% said good, 22.7% chose fair, and 6.7% said availability was poor.

Figure 9 shows ratings of health care availability, by health region and year of survey (1998, 1997). The percentage of respondents who said that health care availability was excellent or good appeared to be lower than average in some of the northern regions. Ratings of health care availability by respondents in the Calgary region and Capital (Edmonton) region were both near the provincial average. Overall, 70.6% of Albertans rated the availability of health care services in their community as good or excellent in 1998 (71.1% in 1997).

Figure 8

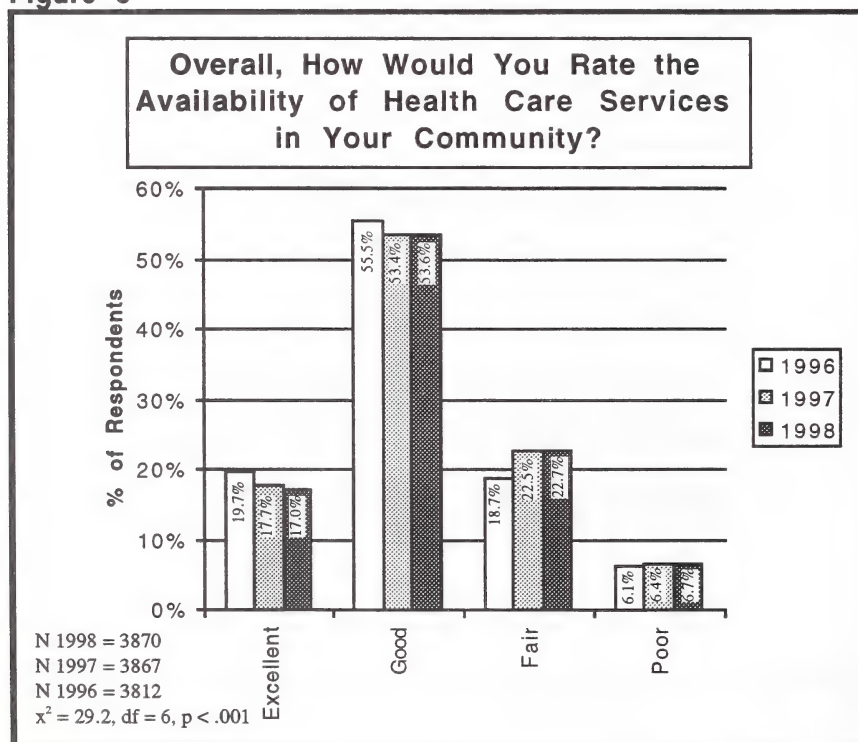
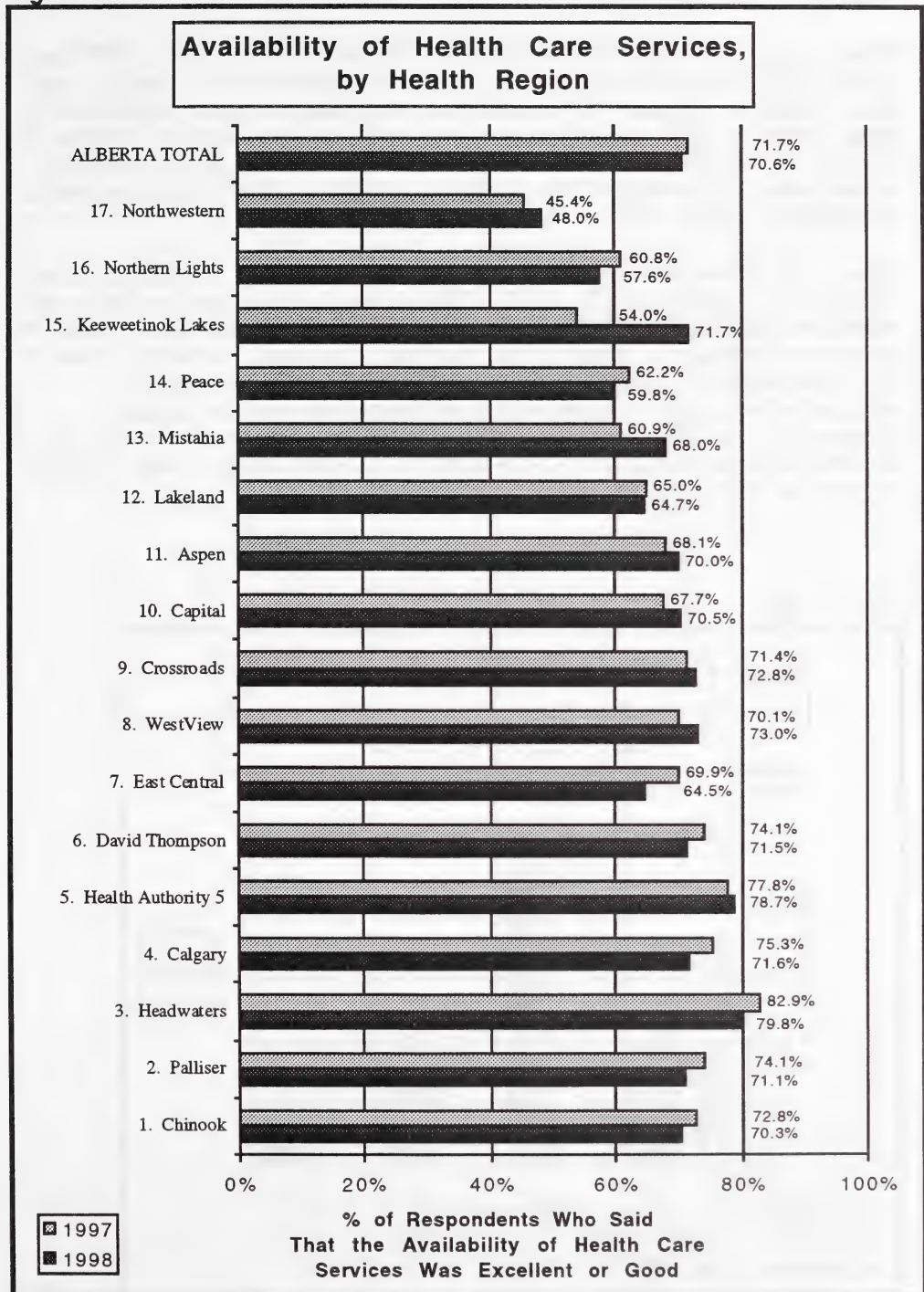


Figure 9



4.4 Ease of Access

Figure 10 shows that the majority of respondents in 1996, 1997 and 1998 rated access to health care services as either very easy or easy. These ratings of access to health care services changed significantly from 1996 to 1998 with fewer respondents indicating that access to needed services was very easy. In 1998, 19.0% of respondents said access was very easy, 54.3% said easy, 22.8% indicated access was a bit difficult, while 4.0% said it was very difficult.

Figure 11 shows ratings of health care accessibility, by health region and year of survey (1998, 1997). The percentage of respondents who found health care accessible appeared to be somewhat lower than the provincial average in some of the northern regions. Ratings of health care accessibility were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were slightly below average. Overall, 73.3% of Albertans rated health care accessibility as easy or very easy in 1998 (73.6% in 1997).

Figure 10

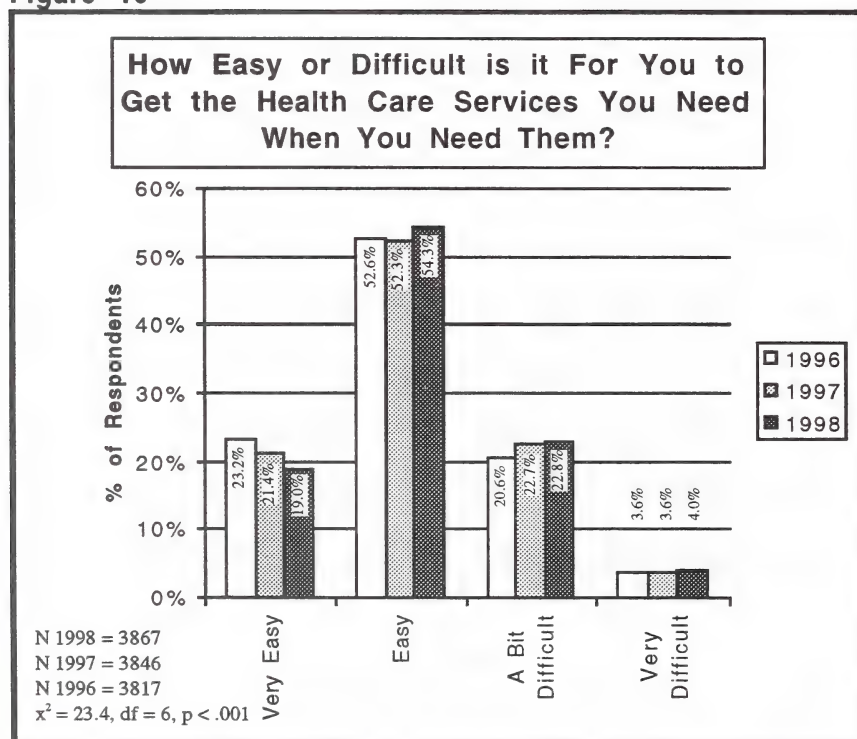
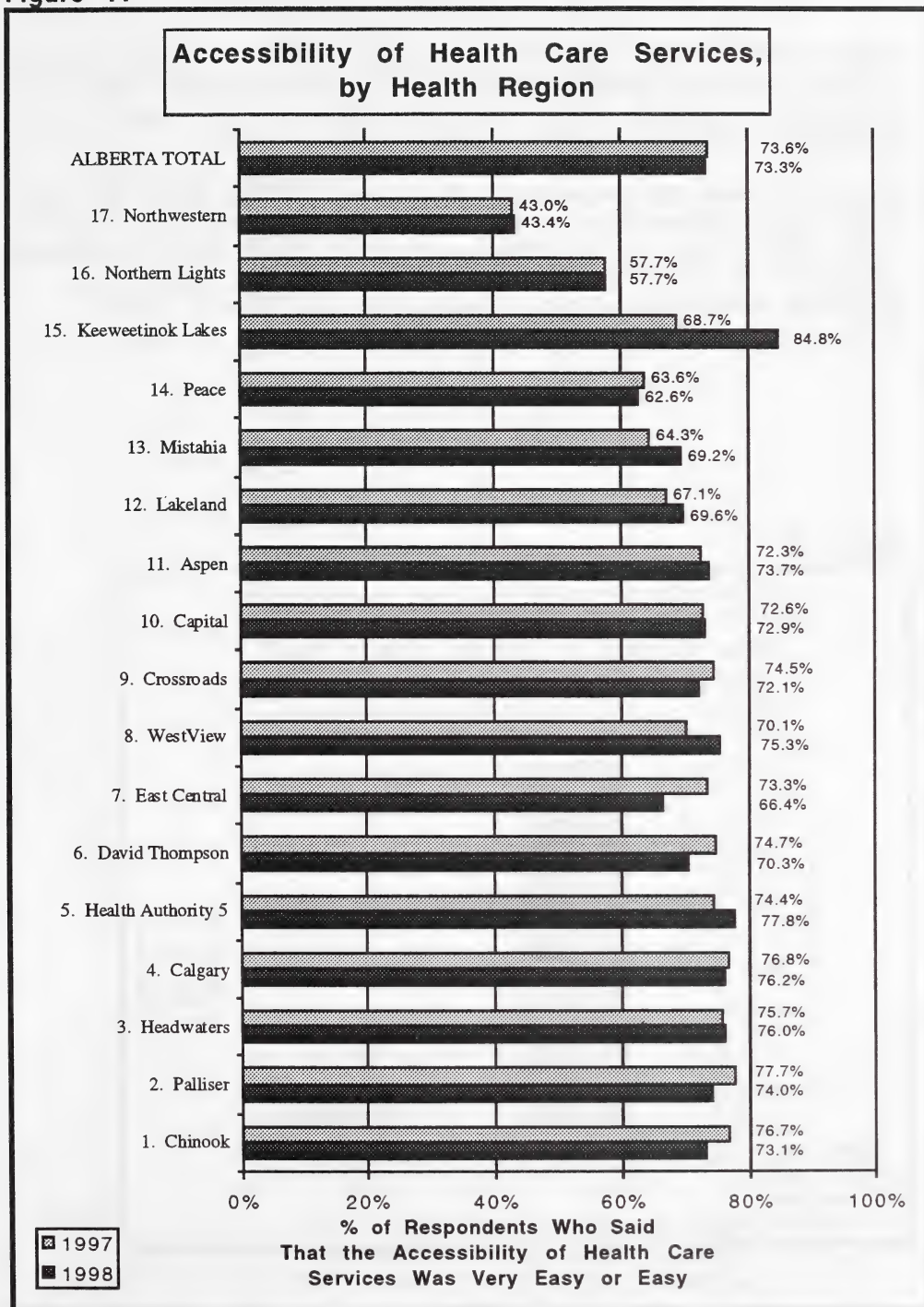


Figure 11



4.5 Percent Unable to Obtain Needed Services

Figure 12 shows that 8.0% of respondents in 1998 (7.4% in 1997 and 7.1% in 1996) said that they were unable to obtain health care services when they needed them. These responses were not significantly different statistically from 1996 to 1998.

Figure 13 shows the percentages of respondents who could not obtain health care services when needed, by health region and year of survey (1998, 1997). Results for 1998 vary between 4% in the Keeweenaw Lakes RHA to 11% in the Peace RHA. However these differences should be interpreted with care, since they are based on small numbers.

Figure 12

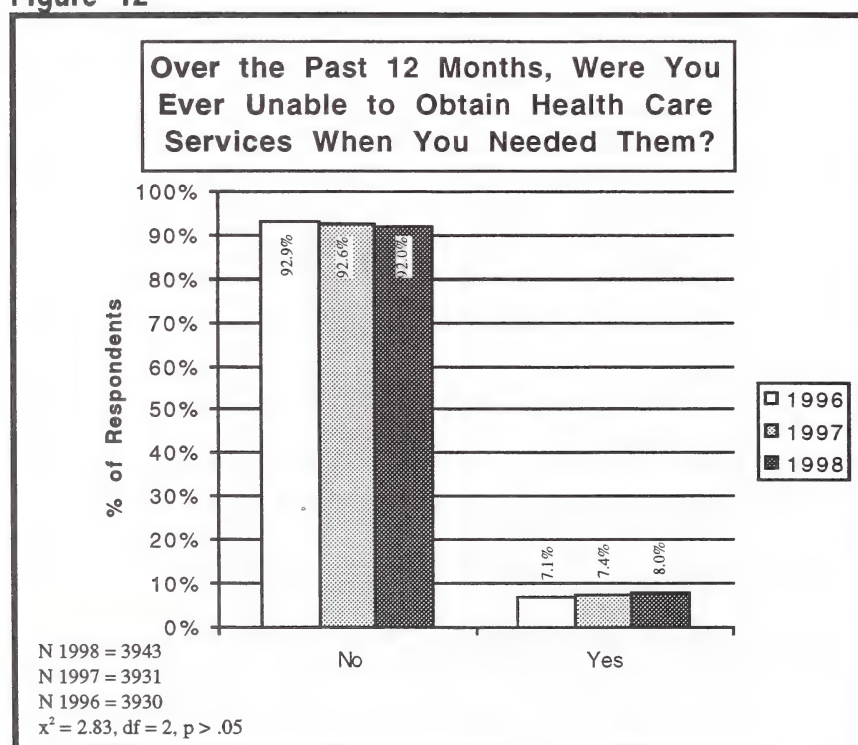
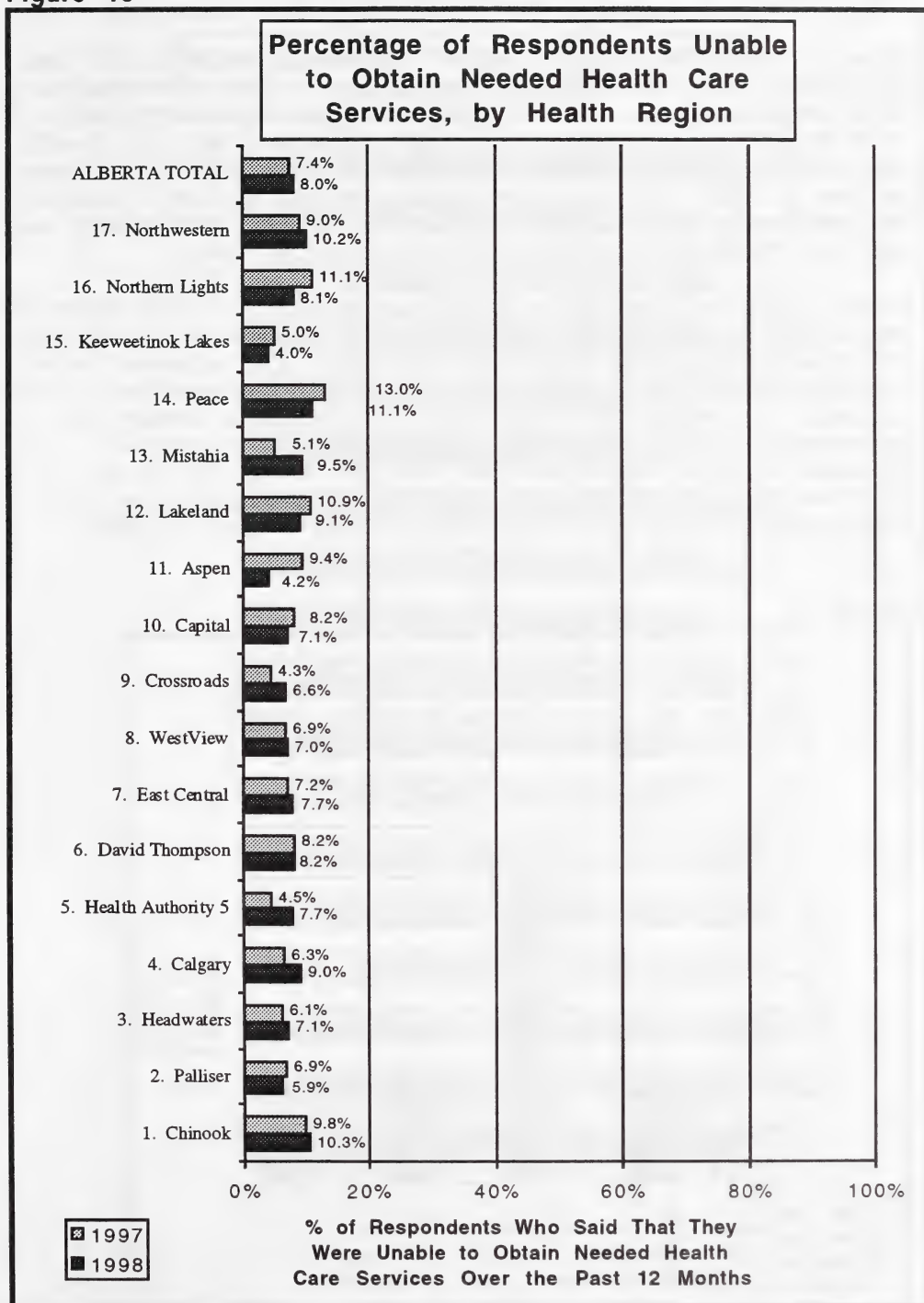


Figure 13



4.6 Quality of Services in the Community

Figure 14 shows that the majority of respondents in 1996, 1997 and 1998 rated the quality of health care services in their community as either excellent or good. These ratings changed significantly from 1996 to 1998 with respondents in 1998 more likely to judge health care services in the community to be fair and less likely to rate them as poor. In 1998, 18.0% of respondents rated the quality of health care services in their community as excellent, 59.9% said quality was good, 18.7% chose fair, while 3.4% said quality was poor.

Figure 15 shows the ratings of health care quality, by health region and year of survey (1998, 1997). The percentage of respondents who said that health care quality was either excellent or good appeared to be somewhat lower than average in some of the northern regions. Ratings of health care quality were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were lower than average. Overall, 77.9% of Albertans rated the quality of health care services available in their community as either good or excellent in 1998 (78.4% in 1997).

Figure 14

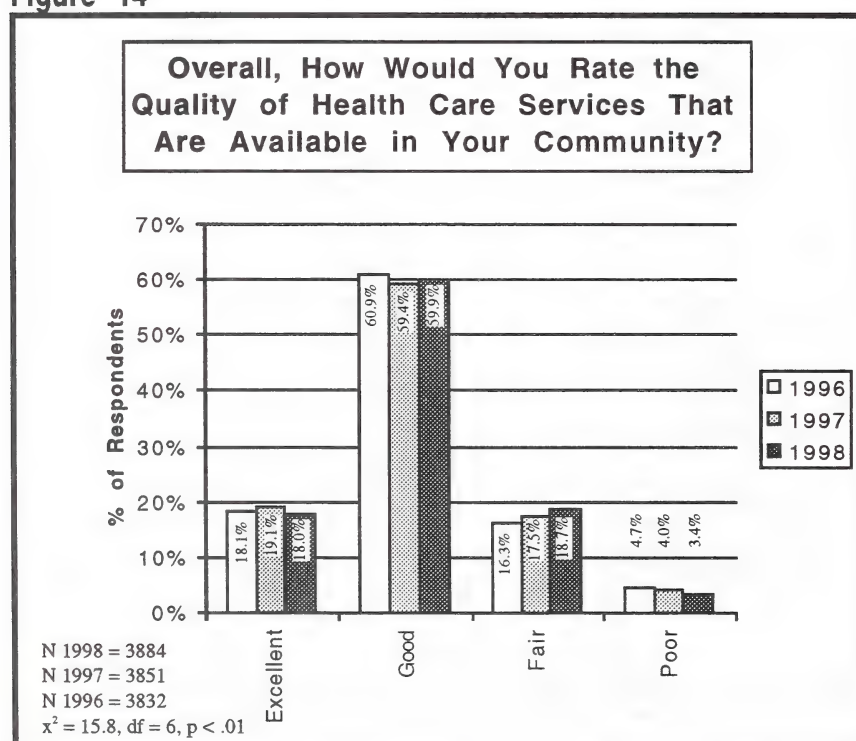
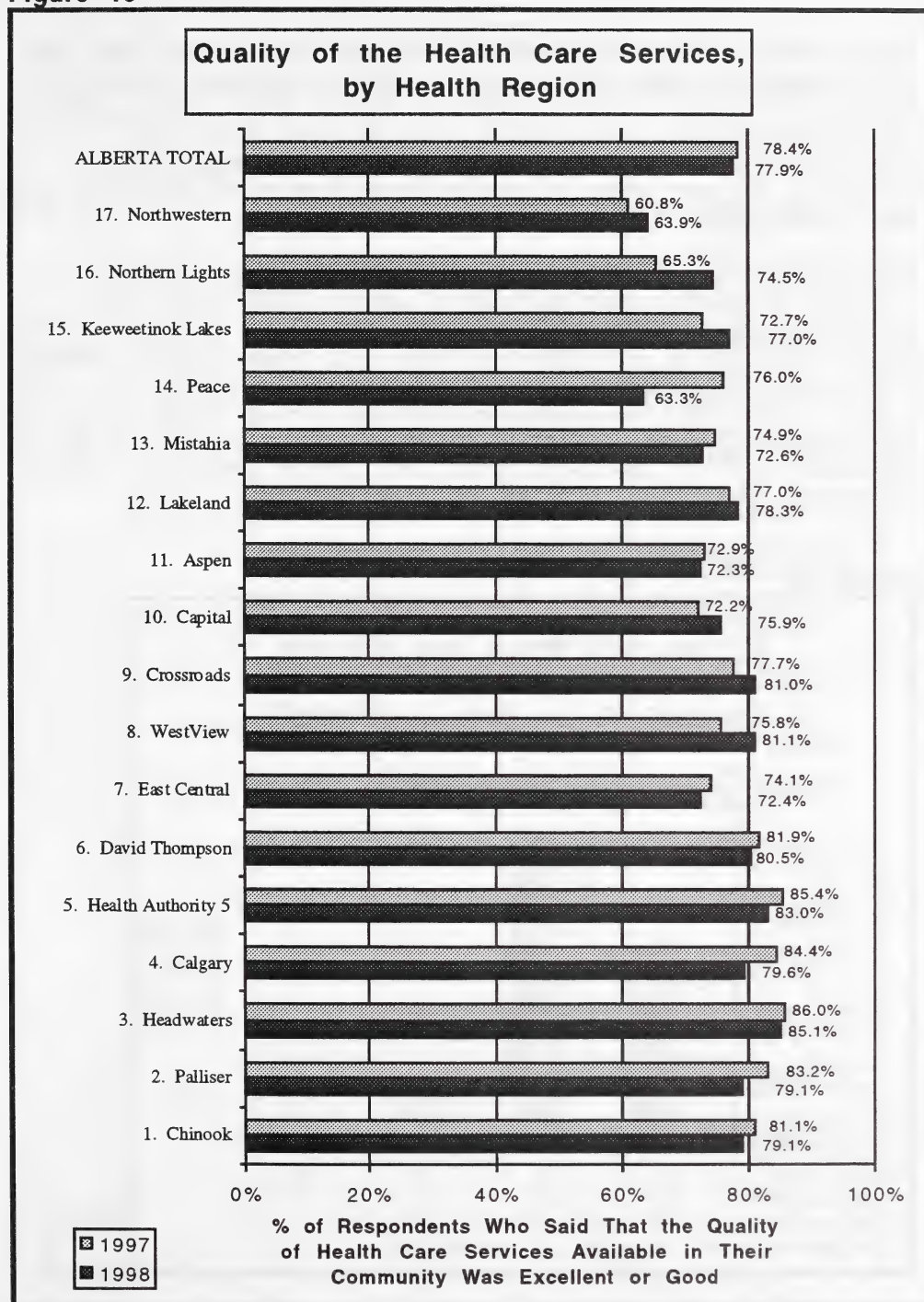


Figure 15



4.7 Quality of Services Personally Received

Figure 16 shows that the majority of respondents in 1996, 1997 and 1998 rated the quality of health care services personally received in the past 12 months as either excellent or good. These ratings did not change significantly from 1996 to 1998. In 1998, 32.8% of respondents said that the quality of health services that they had personally received was excellent, 53.7% said good, 11.4% chose fair, while 2.1% said quality was poor.

Figure 17 shows ratings of the quality of health care personally received, by health region and year of survey (1998, 1997). The percentage of respondents who said that health care quality was either excellent or good in 1998 was over 80% in all health regions. Ratings of the quality of health care personally received by respondents in the Calgary region were just above the provincial average while ratings in the Capital (Edmonton) region were below average. Overall, 86.5% of Albertans rated the quality of health care services personally received as good or excellent in 1998 (85.7% in 1997).

Figure 16

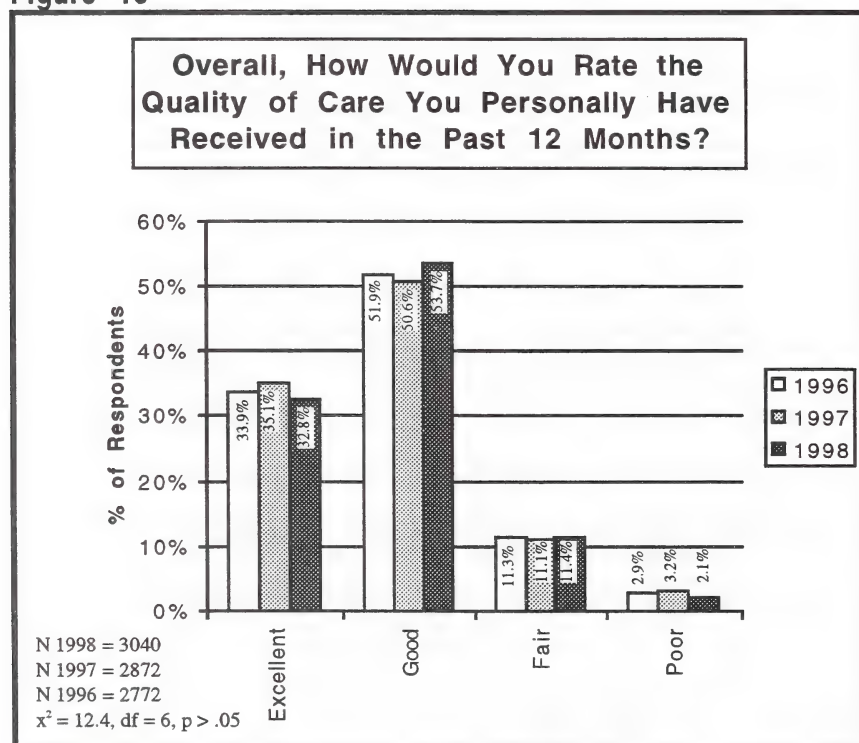


Figure 17

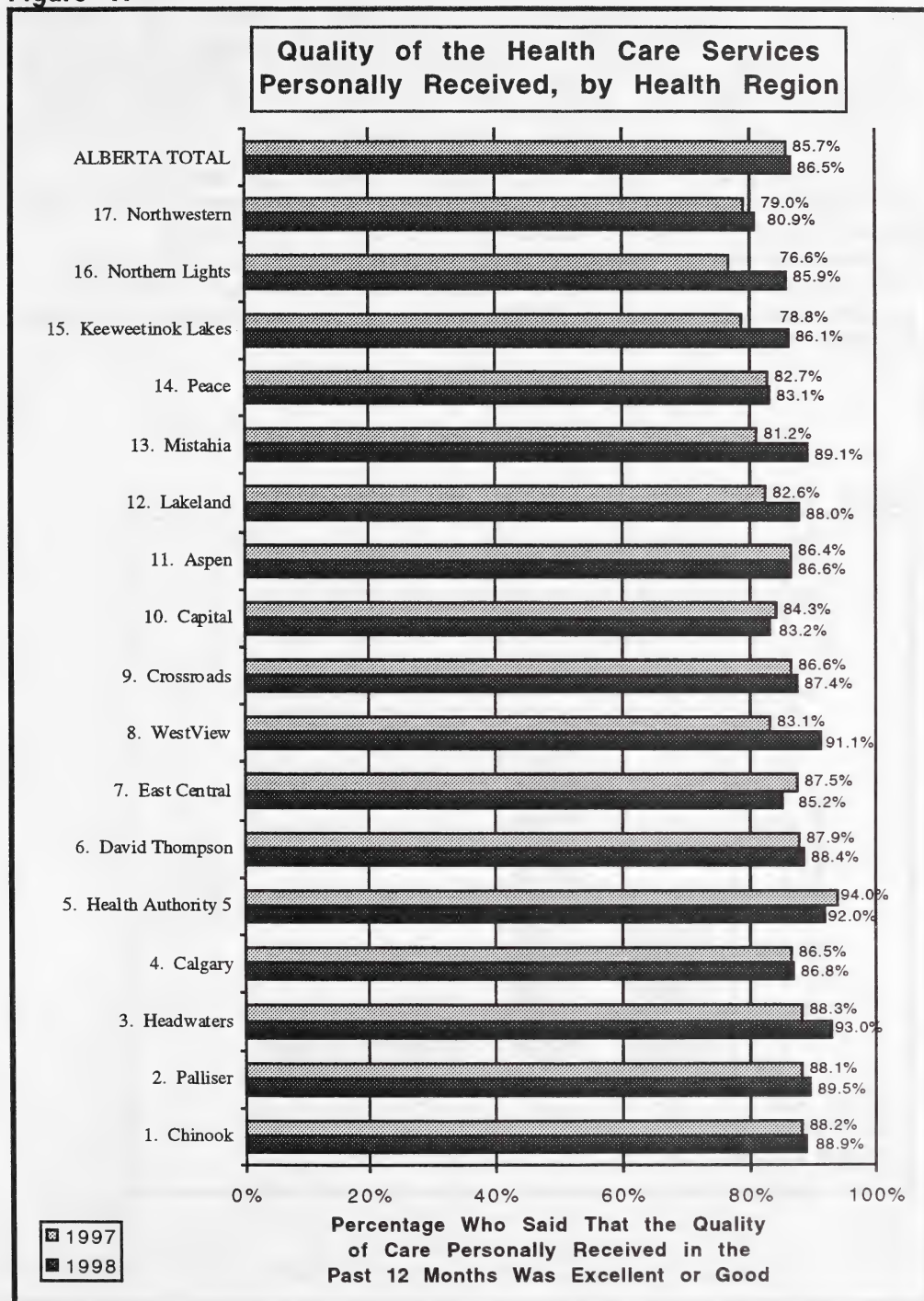


Figure 18 shows that the majority of respondents in 1998 and 1997 who received health care services in the past 12 months felt that the results of care were either good or excellent. (This question was not asked in 1996.) A total of 27.1% of respondents in 1998 said that the results of health care services that they had received were excellent, 56.7% said good, 12.0% chose fair, while 4.2% said results were poor.

Figure 19 shows ratings of the results of health care services personally received, by health region and year of survey (1998, 1997). Ratings of the results of health care personally received by respondents in the Calgary and Capital (Edmonton) health regions were slightly below average. Overall, 83.8% of Albertans rated the results of health care services personally received as good or excellent in 1998 (83.3% in 1997).

Figure 18

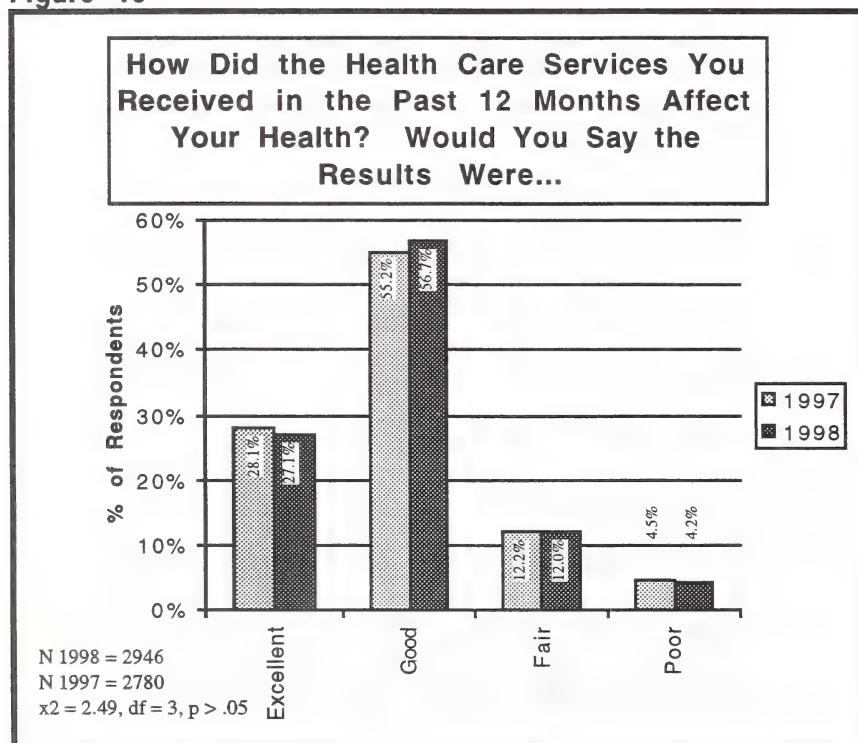
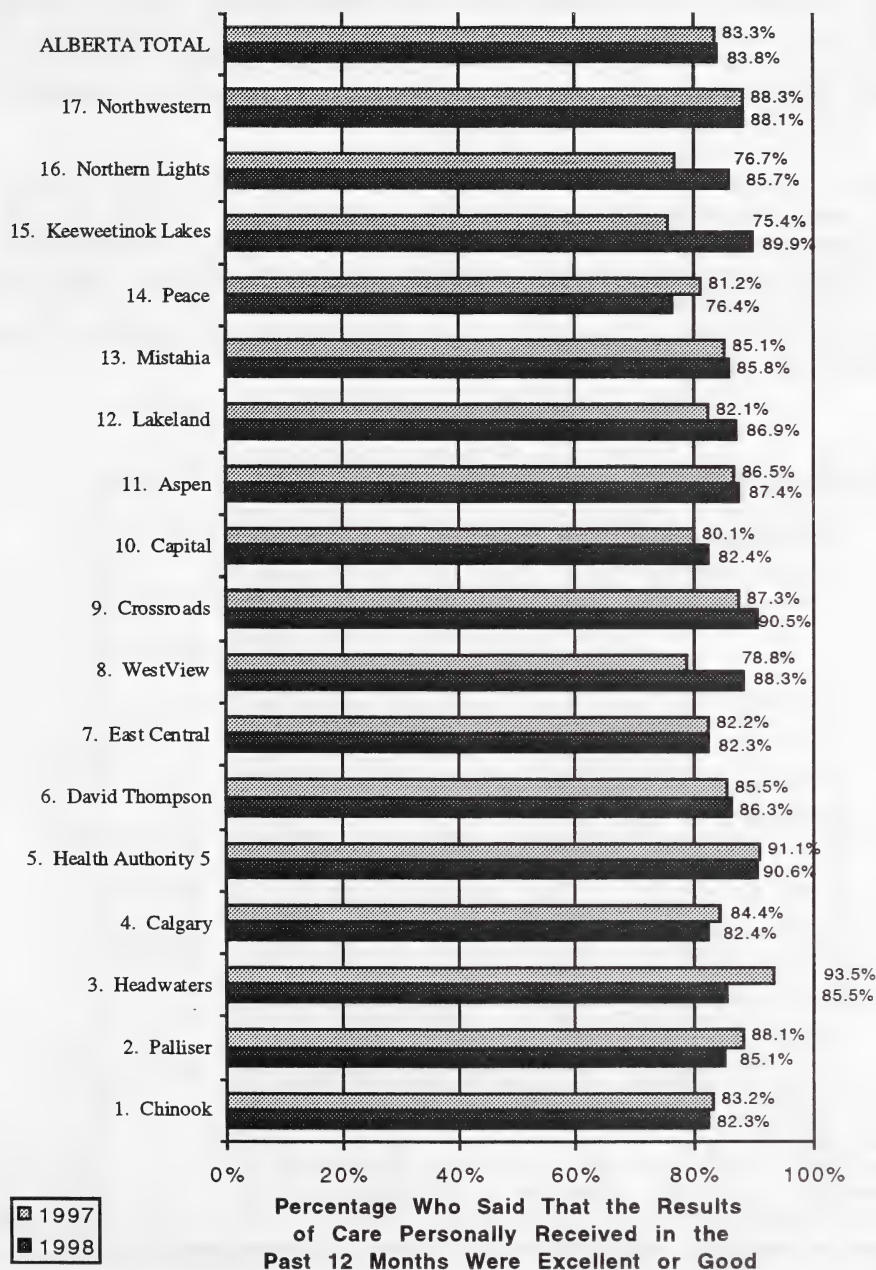


Figure 19

Results of Health Care Services Personally Received, by Health Region



4.8 Satisfaction With Health System

Figure 20 shows that the majority of respondents in 1996, 1997 and 1998 were very satisfied or somewhat satisfied with the health care system in Alberta. Satisfaction with the health system did not change significantly from 1996 to 1998. In 1998, 19.2% of respondents were very satisfied, 46.7% said they were somewhat satisfied, 14.5% chose neither satisfied nor dissatisfied, 15.1% were somewhat dissatisfied, while 4.6% said they were dissatisfied.

Figure 21 shows satisfaction with the health care system, by health region and year of survey (1998, 1997). Satisfaction with the health care system was higher than the provincial average for respondents in the Calgary region while satisfaction in the Capital (Edmonton) region was lower than average. Overall, 65.9% of Albertans said that they were either very satisfied or somewhat satisfied with the health care system in Alberta in 1998 (66.5% in 1997).

Figure 20

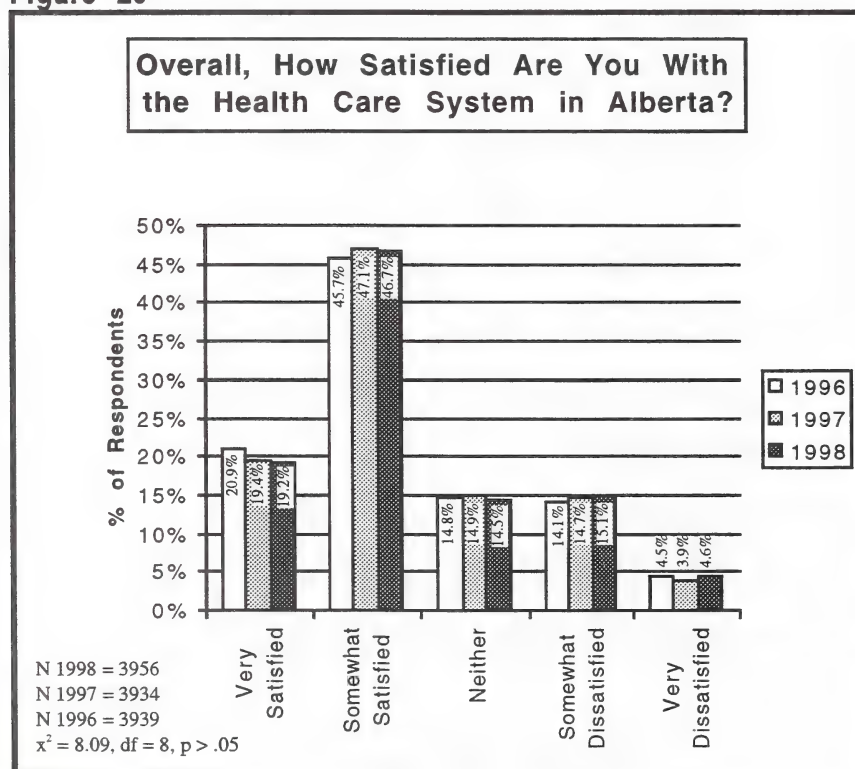
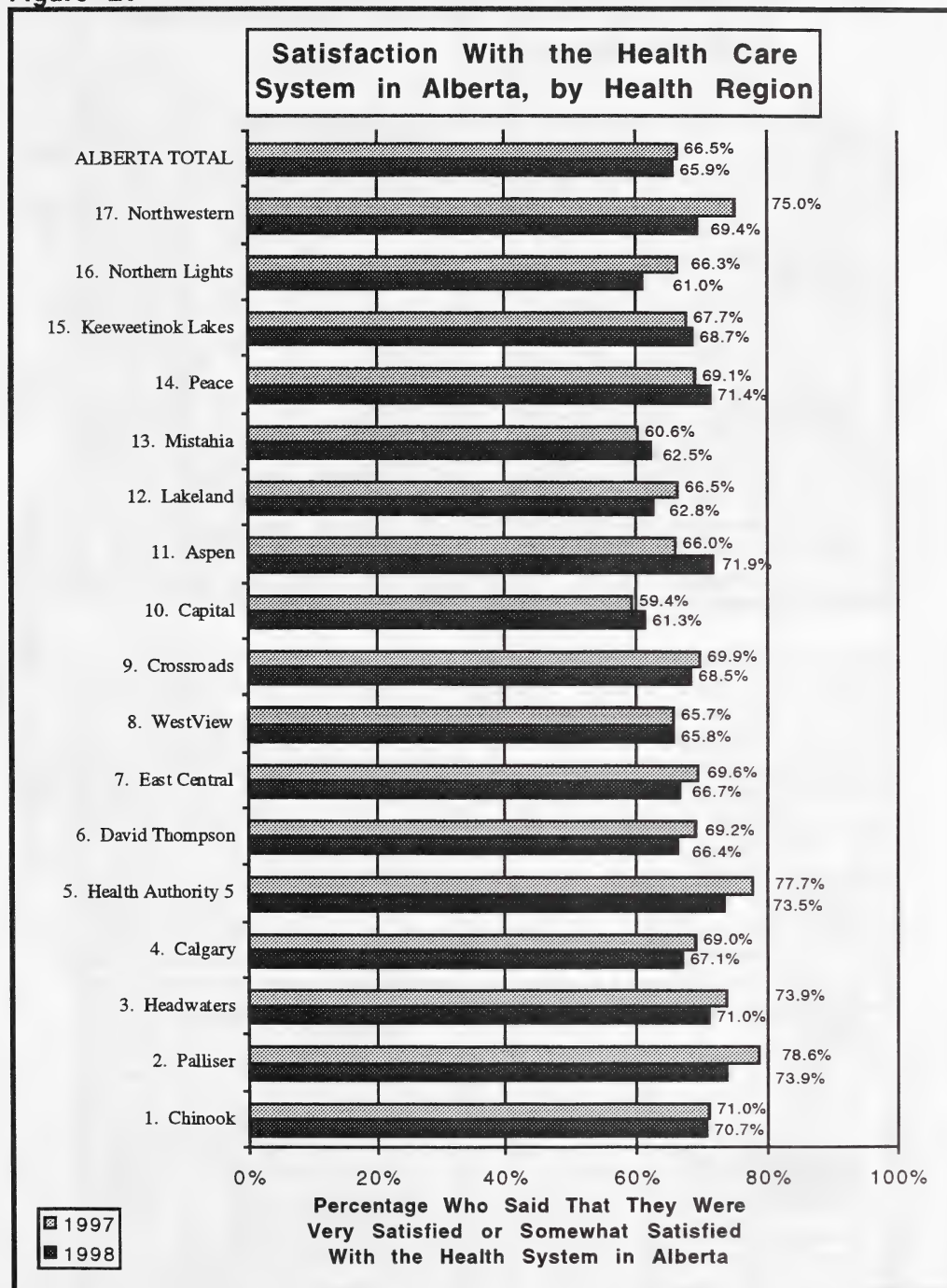


Figure 21



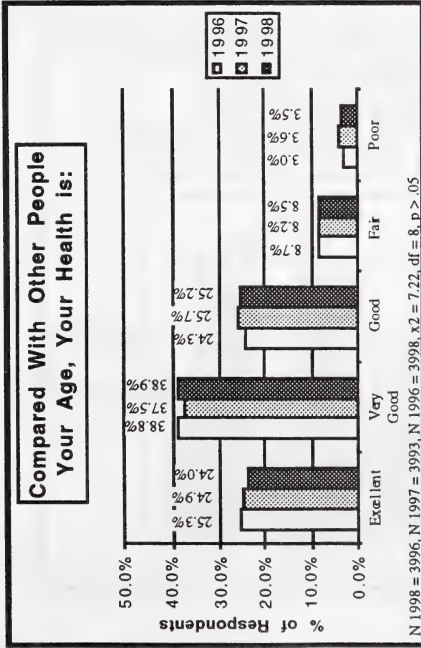
5 Self-Reported Health Status and Health Needs

In addition to the key measure of self-reported health status (see pages 14-15 of this report), respondents were asked three additional questions regarding their health and health needs. These three questions were: "Do you have a chronic health problem which requires regular health services?" "How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?" and "Think about the person living in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?" Figure 22 shows the responses to these four questions. While people generally reported a relatively high level of health, 24% of respondents in 1998 (23% in 1997 and 22% in 1996) reported a chronic health problem which requires regular health services. Just the same, less than one in ten (8% in 1998, 9% in 1997, and 8% in 1996) reported that their need for health services was high. When asked about all members in their household, 16% in 1998 (17% in 1997 and 16% in 1996) said that there was a person in their household who had a high level of need for health services.

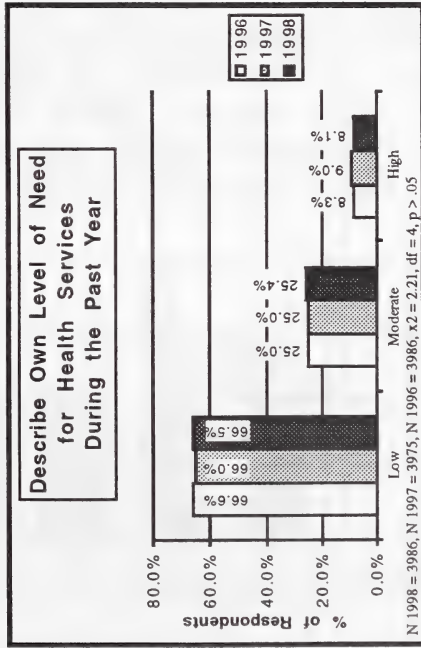
Figure 23 shows that older persons tended to report somewhat lower health levels than younger respondents and that males and females reported similar health levels, when controlling for age. Figure 24 shows that females and older age groups were more likely to report chronic health problems which require regular health services. Figure 25 shows that female respondents under age 65 were more likely than males to report a high level of need for health services in the past year, controlling for age. Furthermore, the percentage of respondents reporting a high level of need tended to rise with age for males but not for females. Finally, Figure 26 shows the percentage of households with a member with a high level of need for health services, by age and sex of respondent. Female respondents were somewhat more likely than male respondents to report a household member with a high level of need for health services, except in the 75+ age group.

Figure 22
Health and Health Needs

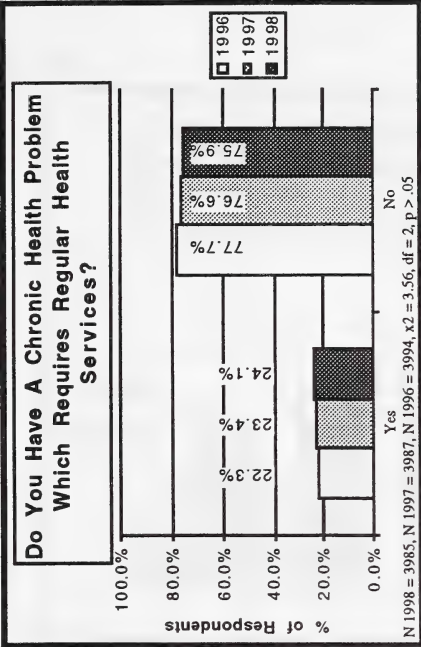
a



c



b



d

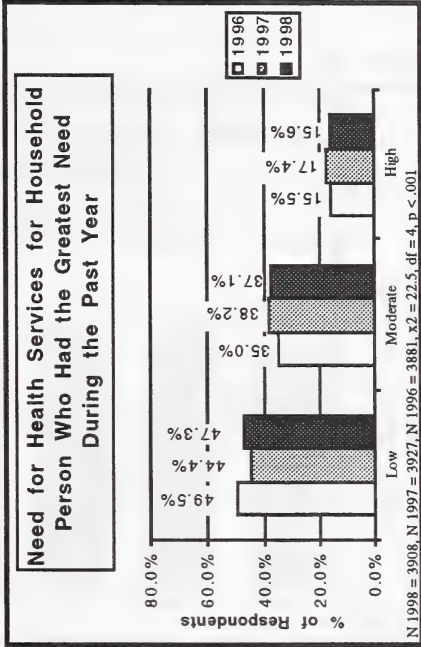
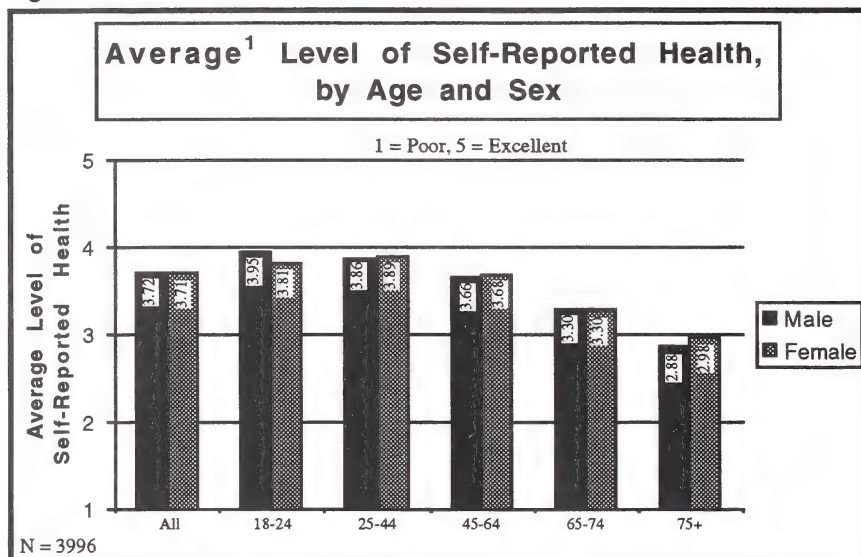


Figure 23



1. The average used is the mean.

Figure 24

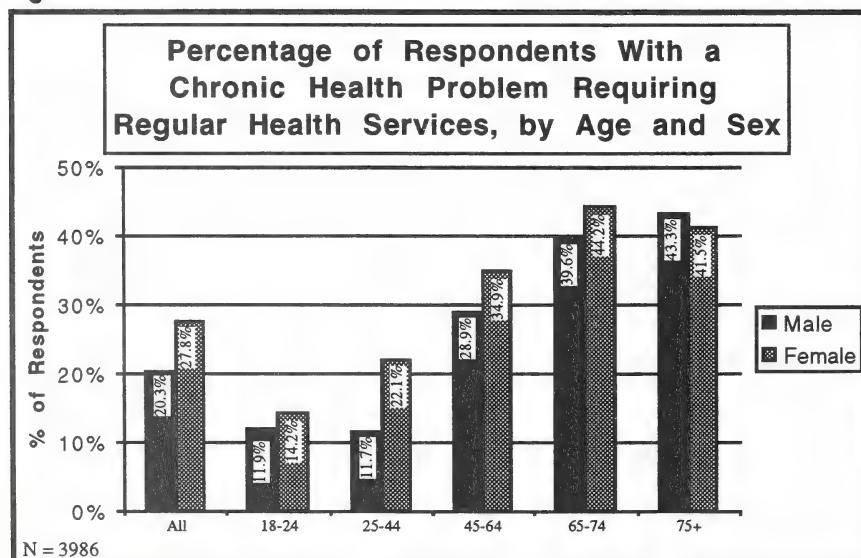


Figure 25

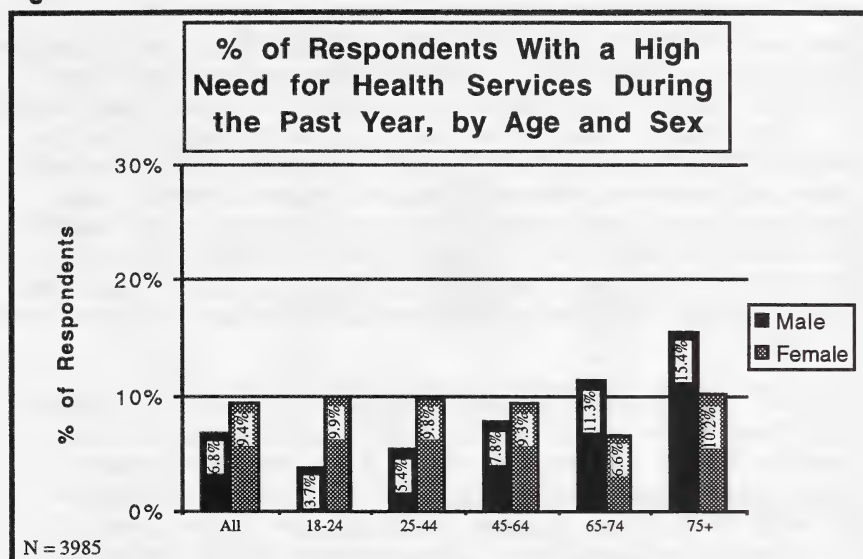
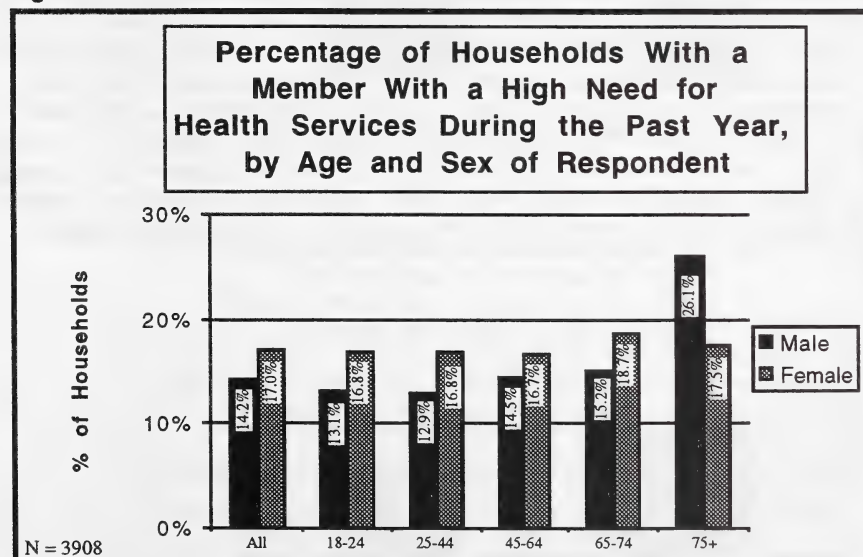


Figure 26



6 *Behavioural and Lifestyle Contributions to Health*

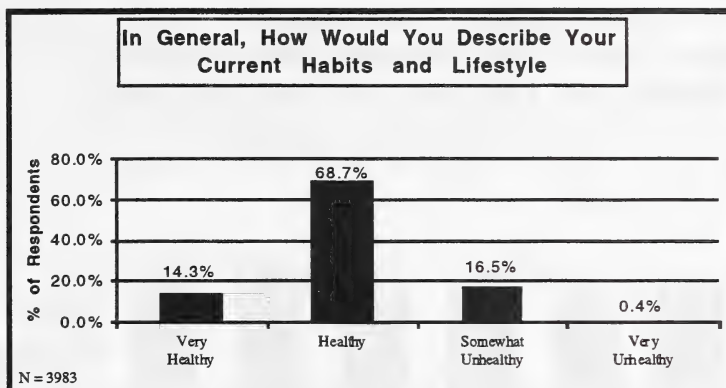
Respondents were asked to describe their current habits and lifestyle (very healthy, healthy, somewhat unhealthy, very unhealthy). They were then asked if they had made any changes to improve their health in the past 12 months or planned to make any such changes in the next 12 months. Finally, respondents were asked to indicate which changes they had made or planned to make. Figure 27 shows that most respondents considered their habits and lifestyle to be healthy. Almost one-half (44%) said that they had made changes in the past 12 months to improve their health and almost as many (42%) said that they planned to make changes in the next 12 months to improve their health.

Figure 28 shows that females tended to report a somewhat healthier lifestyle than their male counterparts, controlling for age, and that older age groups had a tendency to report a somewhat healthier lifestyle than younger age groups. Figure 29 indicates that females were more likely than males to have made changes in the past 12 months to improve their health and that younger adults were most likely to have made such changes. Similarly, Figure 30 shows that females were more likely than males to plan to make changes in the next 12 months to improve their health and that younger adults were most likely to plan to make such changes.

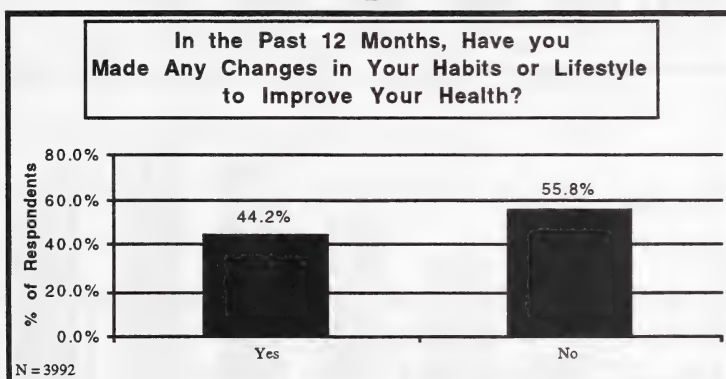
Figure 31 shows that the most common changes made in the past 12 months by respondents to improve their health were increased exercise (28% of females and 20% of males) and changed diets (27% of females and 18% of males). Figure 32 shows that these were also the most common changes that people planned to make in the next 12 months. That is, 25% of females and 22% of males planned to take more exercise and 13% of females and 8% of males planned to change their diet. Plans to quit smoking were also common with 9% of males and 8% of females indicating that they planned to quit in the next 12 months.

Figure 27
Habits and Lifestyles

a



b



c

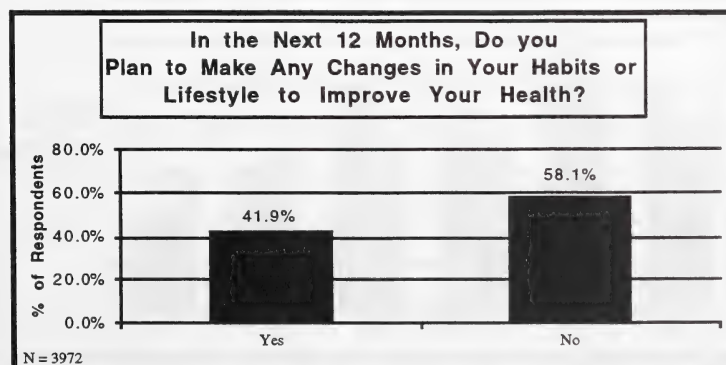


Figure 28

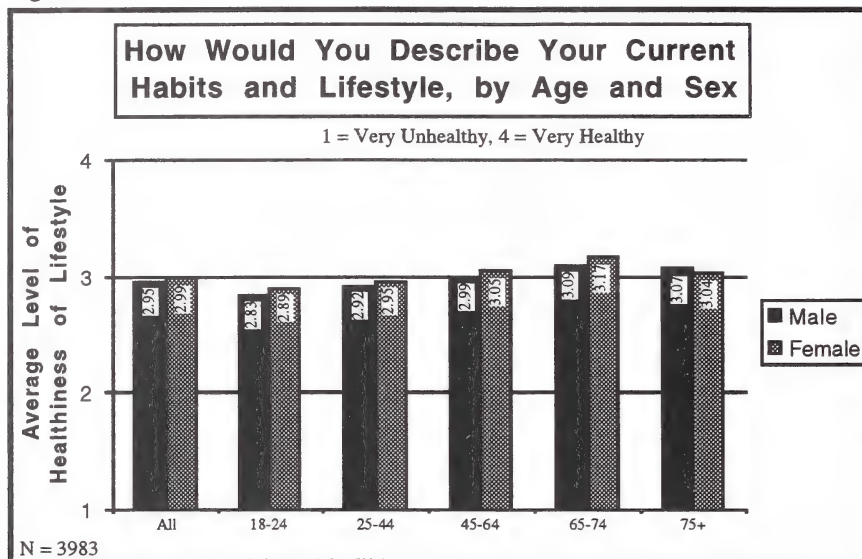


Figure 29

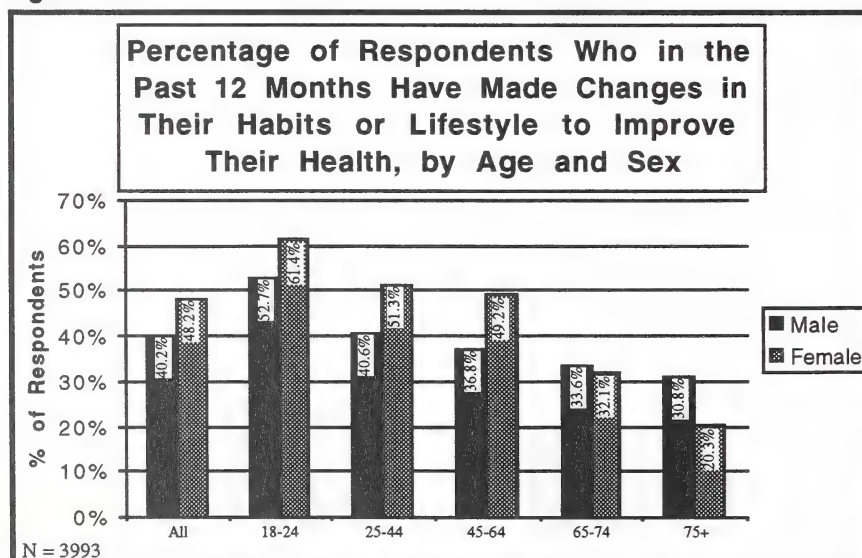


Figure 30

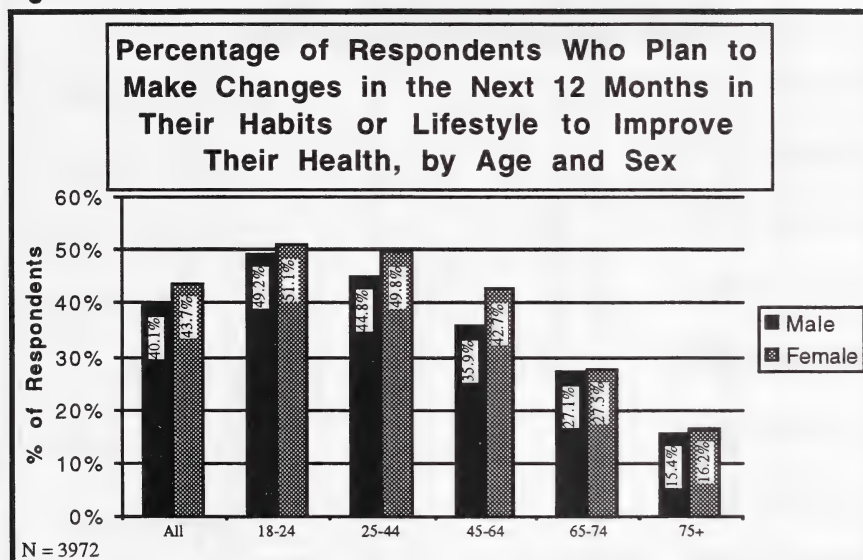


Figure 31

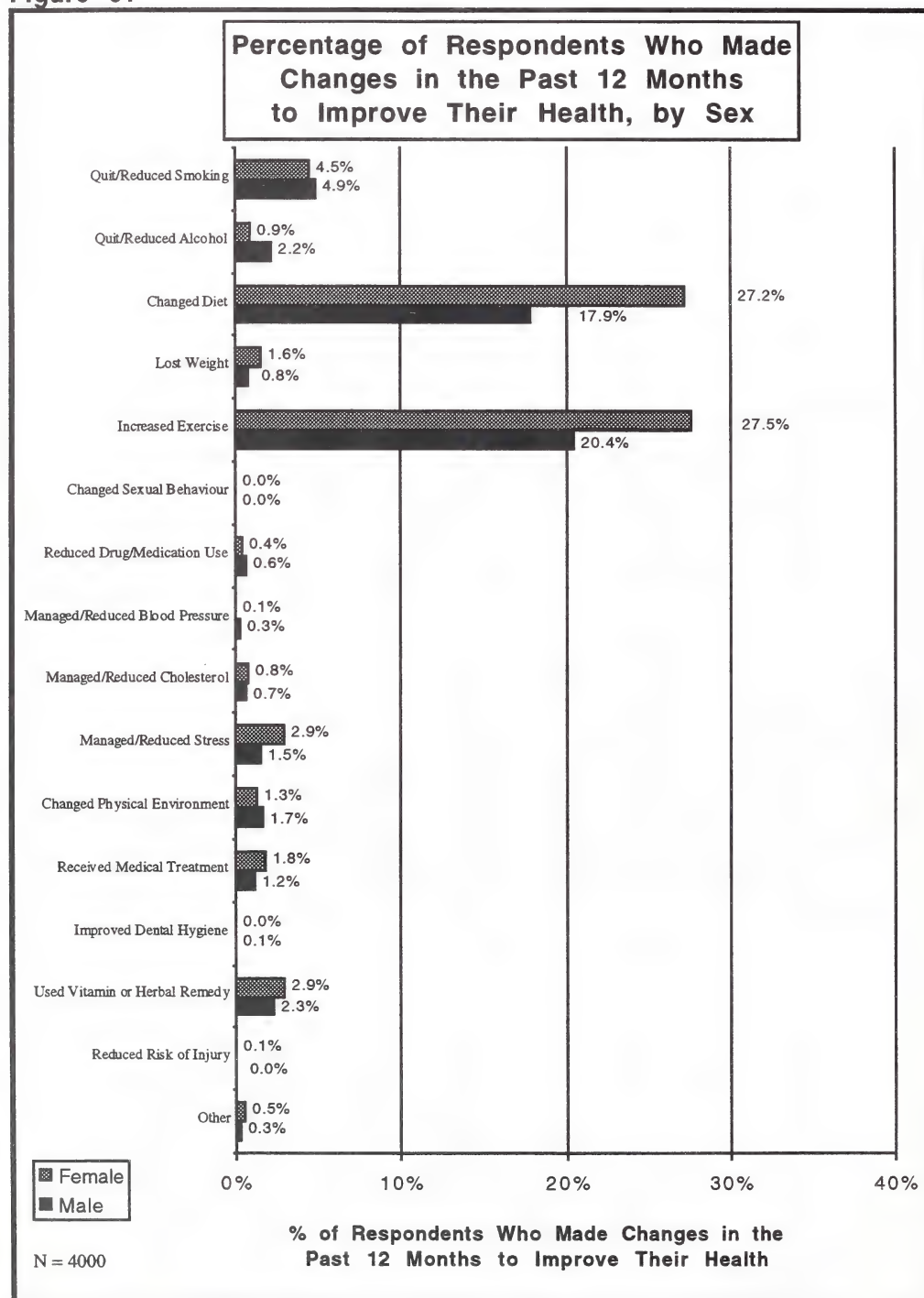
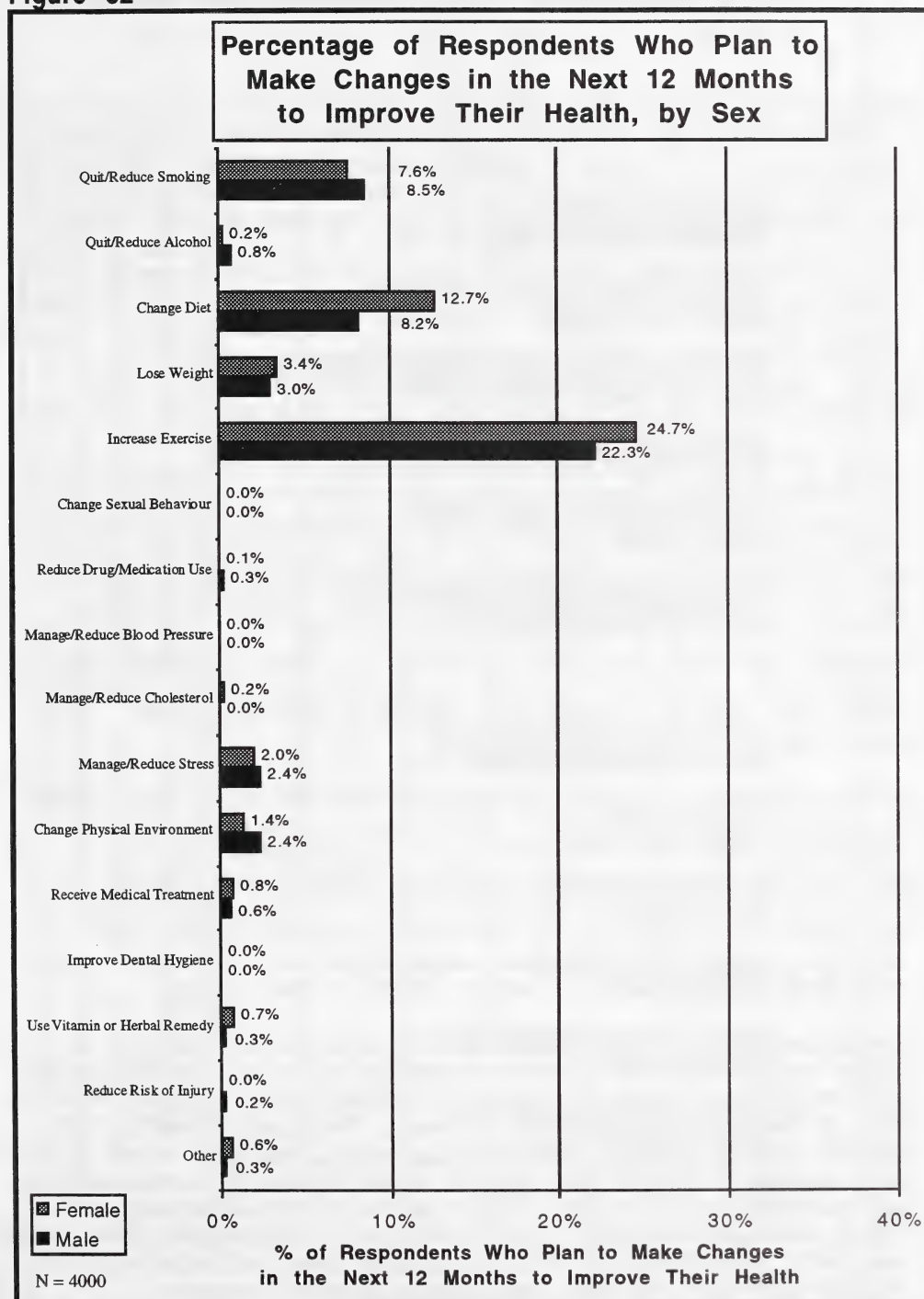


Figure 32



7 *The Family's Contribution to Health Care*

Respondents were asked if they had **received** health care support from a family member and also if they had **provided** health care support to a family member in the past 6 months. About one in four (23%) said that they had recently received health care support from a family member and 40% said that they had recently provided such support. Support received included emotional support (61% of those persons receiving care), home/personal care (31%), help with household chores (25%), transportation (24%), financial assistance (12%), and child care (6%). Support provided, as opposed to received, included emotional support (63% of those persons who provided care), home/personal care (38%), transportation (26%), help with household chores (23%), financial assistance (12%), child care (11%), and palliative care (2%).

Figure 33 shows that females were more likely to have received health care support from a family member than males at all ages (except 65-74 years of age). The percentage of respondents receiving support tended to be highest for females 18-24 and 75+ years of age and for males 75+ years of age. Figure 33 also shows that generally persons 25 and older tended to provide more health care support to family members than they received (except for persons 75+ years of age who received more than they gave). Furthermore, Figure 33 shows that women at all ages under 75 years of age were more likely to provide health care support to family members than were their male counterparts.

Of those persons who provided support, 48% said that it was not an inconvenience, 39% said that it was a minor inconvenience or disruption, while 13% (5% of the total sample) indicated that providing health care support to a family member was a major disruption of their normal activities. Figure 34 shows that women were more likely than men to report that providing health care support to a family member was a major disruption. Disruption was most likely to be reported by women 25 to 74 years of age.

Respondents were asked if in the past 6 months they had paid to obtain health care support in the home for self or for a family member (spouse/partner, parent, grandparent, sibling, child, or grandchild). A total of 7% answered yes to this question. The types of health care support most frequently purchased included home care nurse (17% of those paying for health care support in the home), prescriptions and medical supplies (27% and 12% respectively), housekeeping services (10%), alternative therapy (7%), health care professionals (4%), child care (4%), transportation (2%), counseling (2%) and ambulance (1%). Another 29% said that they had provided financial support.

Figure 33

Percentage of Respondents Who Received and Who Provided Health Care Support From/To a Family Member in the Past 6 Months, by Age and Sex

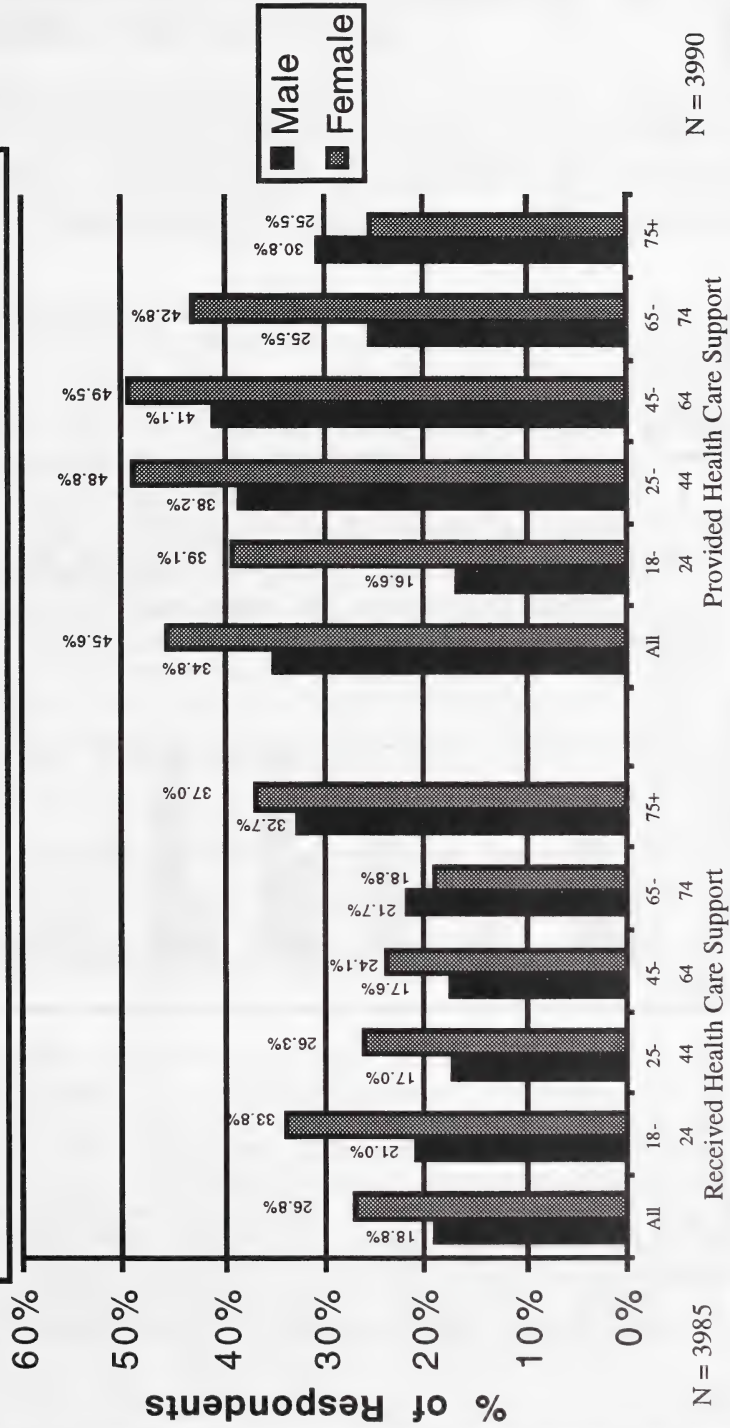
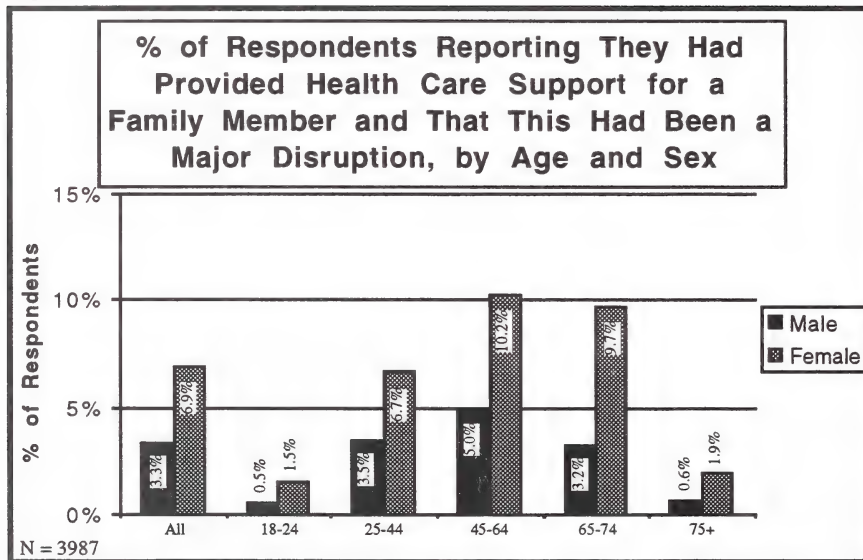


Figure 34



8 *Availability and Accessibility of Health Care Services*

Respondents were asked "Overall, how would you rate the availability of health care services in your community? Would you say excellent, good, fair, or poor?" Figure 35 shows that availability was perceived generally to be good (see also pages 18-19 of this report). Perceptions of availability were slightly lower for females and showed no consistent pattern by age.

Respondents were then asked "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is very easy, easy, a bit difficult, or very difficult?" Figure 36 shows that accessibility was perceived generally to be easy (see also pages 20-21 of this report). Perceptions of accessibility were slightly lower for females and showed no consistent pattern by age.

Four percent of respondents said that it was "very difficult" for them to get the health care services they needed when they needed them and another 23% said that it was "a bit difficult." These respondents who had reported a degree of difficulty accessing services were asked "Which services do you have difficulty obtaining?" and "What makes it difficult for you?" All answers were recorded (that is, respondents could give more than one answer). Figure 37 shows that the services respondents most frequently reported having difficulty obtaining were medical specialists, general practitioners, emergency care, hospital admission or surgery, and tests and diagnostic services. Figure 38 shows that the most frequently mentioned problems making access to services difficult related to time: long waits, service not available when needed, and service not available at certain times or at a convenient time. Other barriers to health care service which were mentioned relatively often included a shortage of health professionals, distance required to travel to get service, and difficulty getting quality care or advice.

All respondents were asked "At this time, are you or a person living in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?" More than one in six persons (18%) said "yes," unchanged from 1997. Respondents who reported that they or a household member were waiting for health care service were then asked for what service they were waiting. Fifty-three percent (53%) were waiting for consultation/tests while 25% were waiting for surgery and 14% were waiting for medical treatment. Others were waiting for rehabilitation treatment (3%), dental treatment (2%), long-term care placement (2%), or home care services (1%).

Figure 35

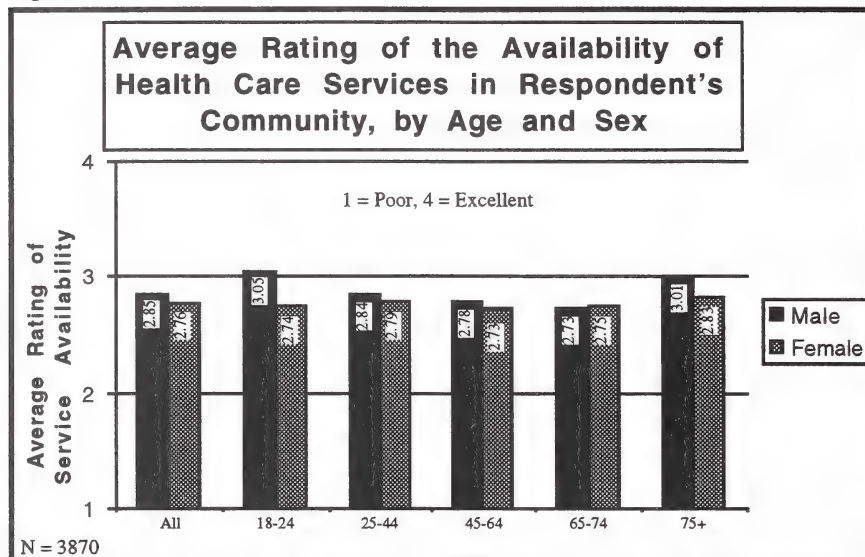


Figure 36

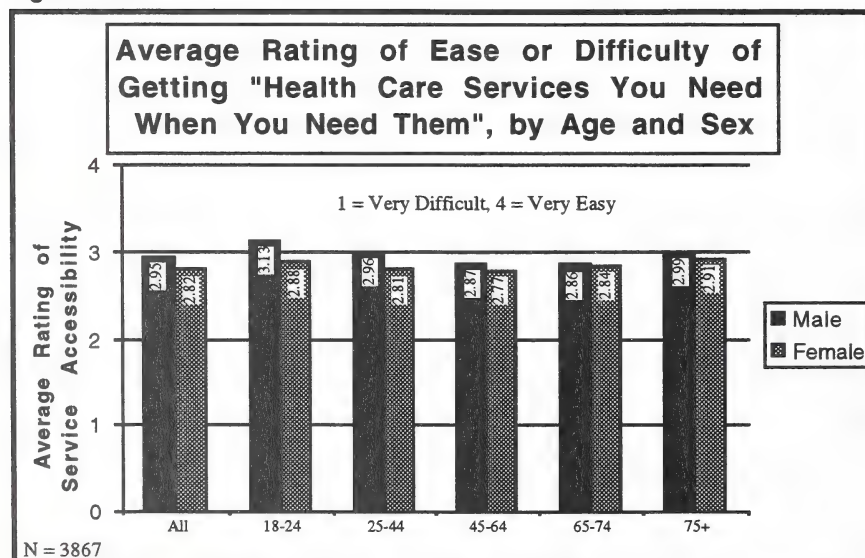


Figure 37

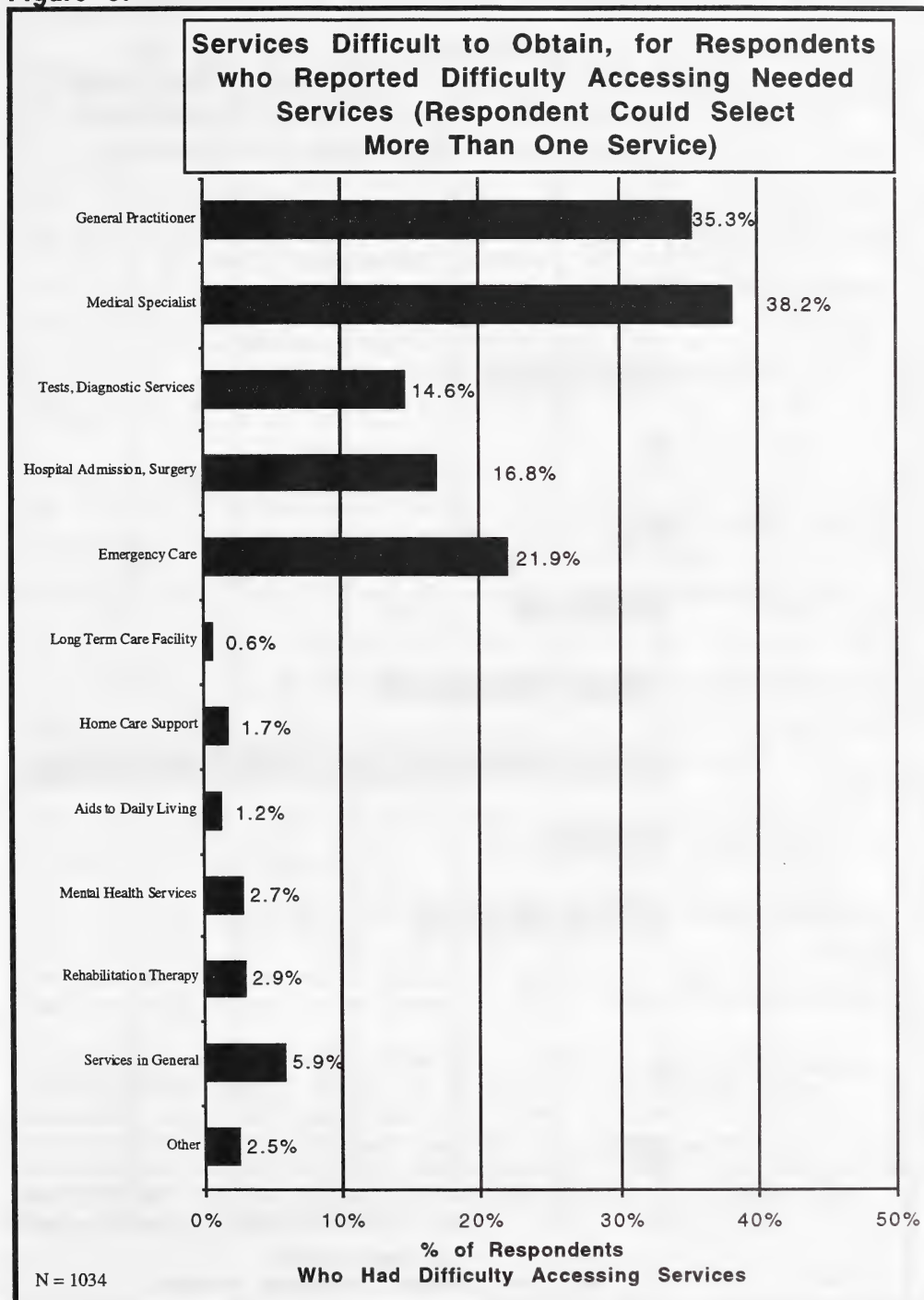
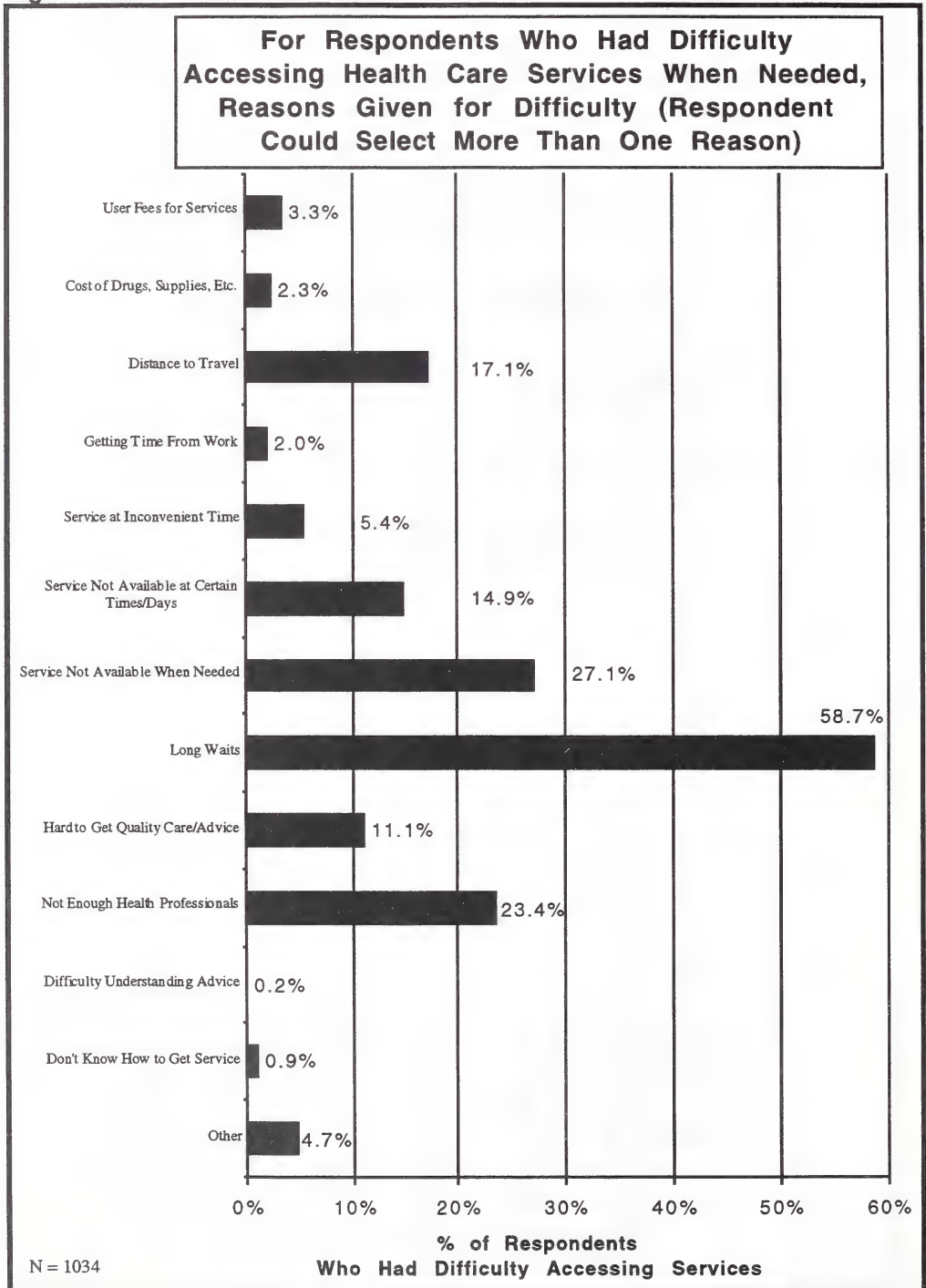


Figure 38



9 *Failure to Receive Needed Care*

Eight percent (8%) of respondents said that over the past 12 months they had been unable to obtain health care services when they needed them (see also pages 22-23 of this report). Figure 39 shows that females generally were more likely to report being unable to obtain needed services than were males, controlling for age. Furthermore, males and females 75+ years of age were least likely to complain that they were unable to obtain needed services. Figure 40 indicates that very few respondents were unable to obtain any particular service when needed. Being unable to obtain the services of medical doctors (either specialists or general practitioners) was the most frequently reported problem (although by only 2.6% and 2.5% of respondents respectively). The third most common problem reported (by 1.4% of respondents) was being unable to obtain emergency care when needed.

The 8% of respondents who were unable to obtain one or more health care services when needed in the past 12 months were asked to give one reason to explain why they could not get the service (see Figure 41). Of these respondents, almost one out of four (23%) said that the reason was that they could not get an appointment with a health professional while another 18% cited lack of staff. One in four (25%) said that they had to wait too long, 9% indicated that the service was not available nearby or was not conveniently located, 4% said no hospital bed was available, and 3% indicated that emergency services were not available. Another three percent (3%) could not afford the cost. When asked if not being able to obtain a health service when needed had any effect on themselves, 80% said "yes." Figure 42 shows that the effects on those unable to get care when needed included emotional distress such as anxiety, worry, fear, and depression (reported by 37%), physical distress such as pain and discomfort (reported by 28%), anger and frustration (reported by 14%) and inconvenience (reported by 6%). Another 9% said that their illness went untreated, their health got worse, or their recovery was delayed. Two percent (2%) travelled elsewhere for service, and 2% reported that they experienced some impact on their finances or employment.

For all of those respondents who were unable to get health care services when needed, Figure 43 shows that when asked "What happened next?" 21% said that they never received the needed service while another 6% said that they got better on their own. Nevertheless, two out of every three persons unable to get care when needed said that they either got the service later or obtained the needed service somewhere else.

Figure 39

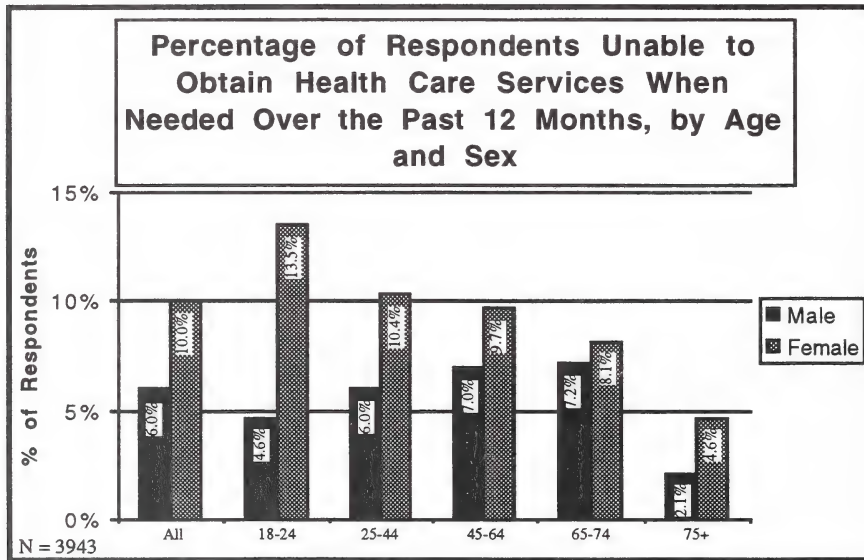


Figure 40

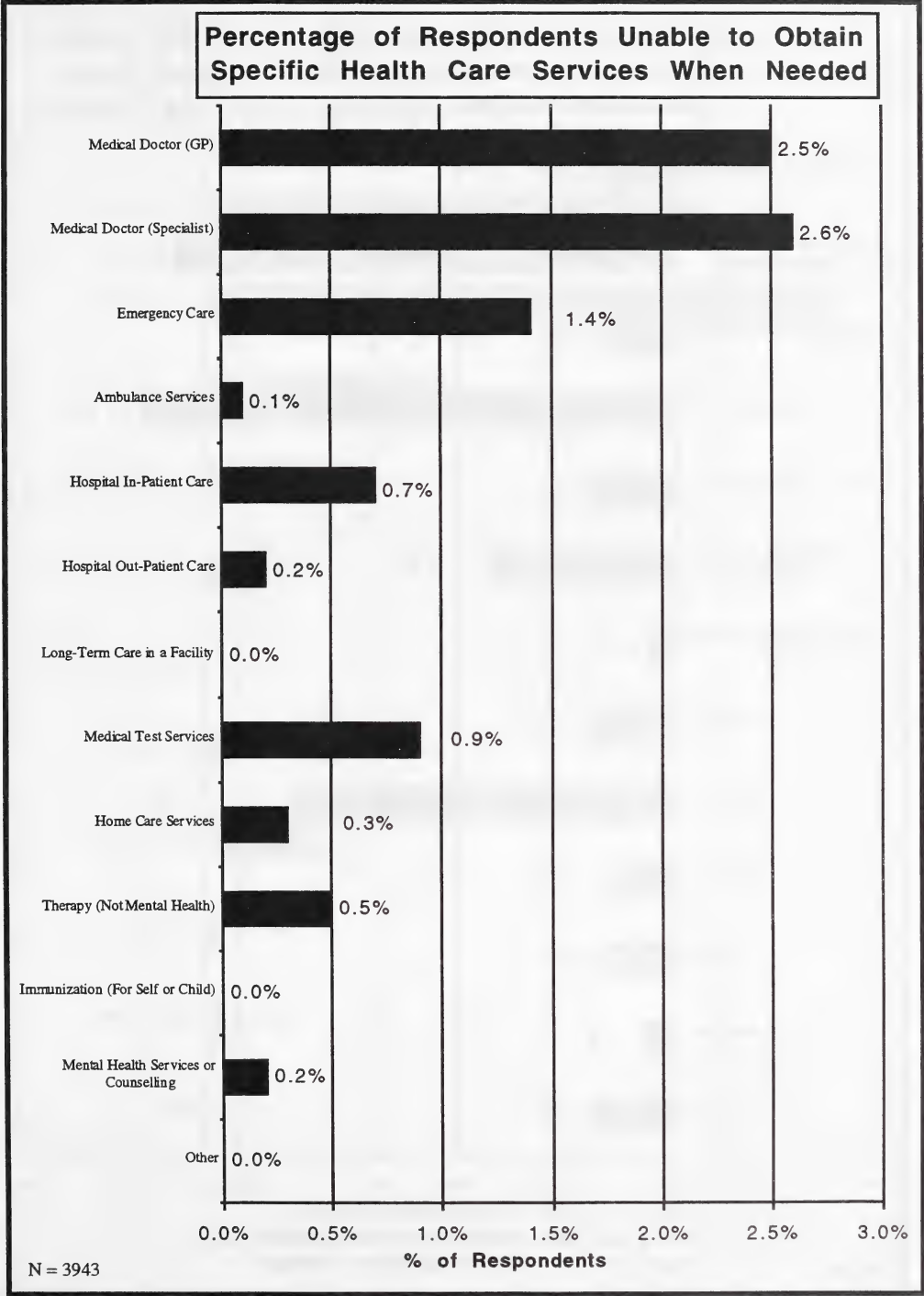


Figure 41

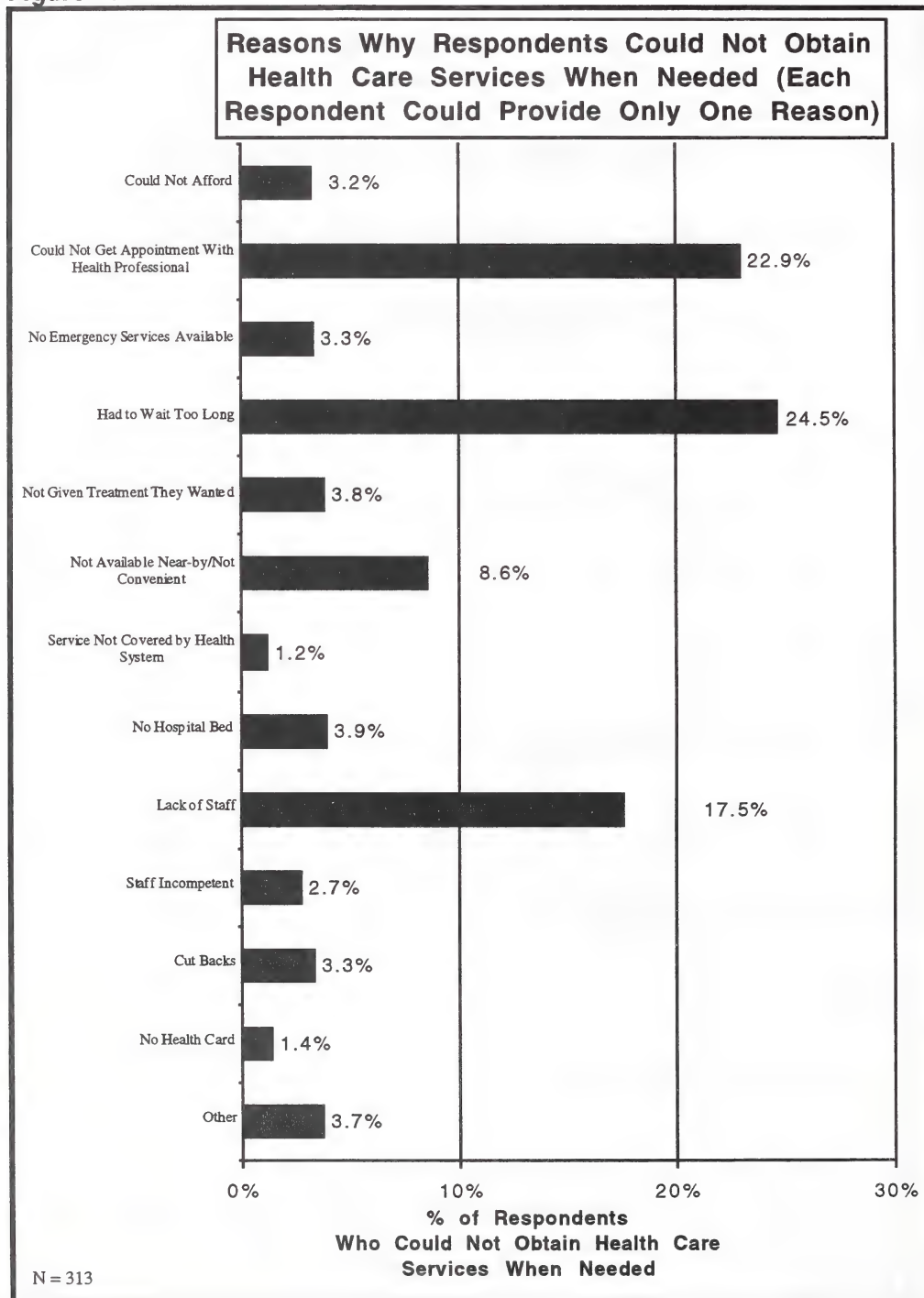


Figure 42

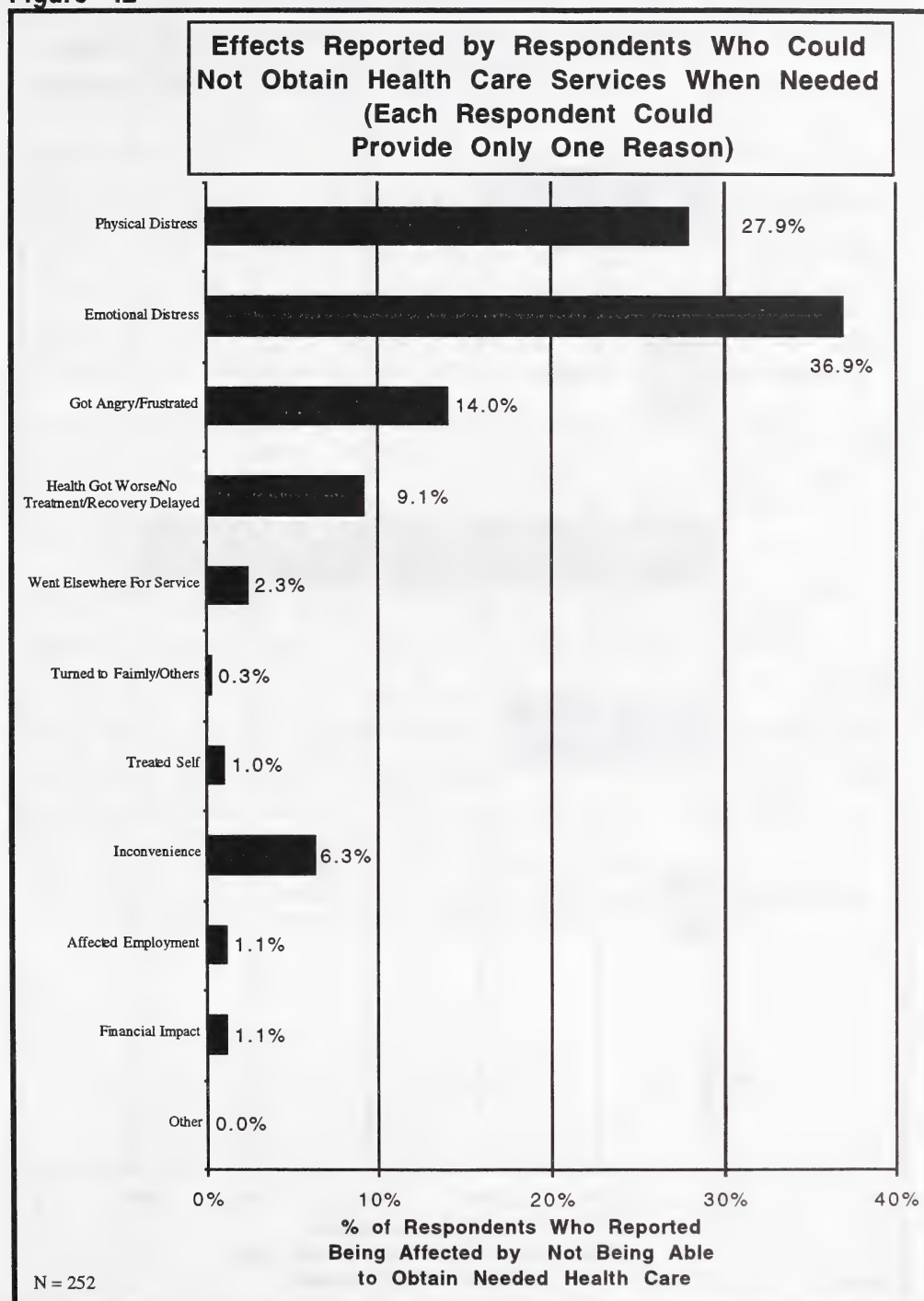
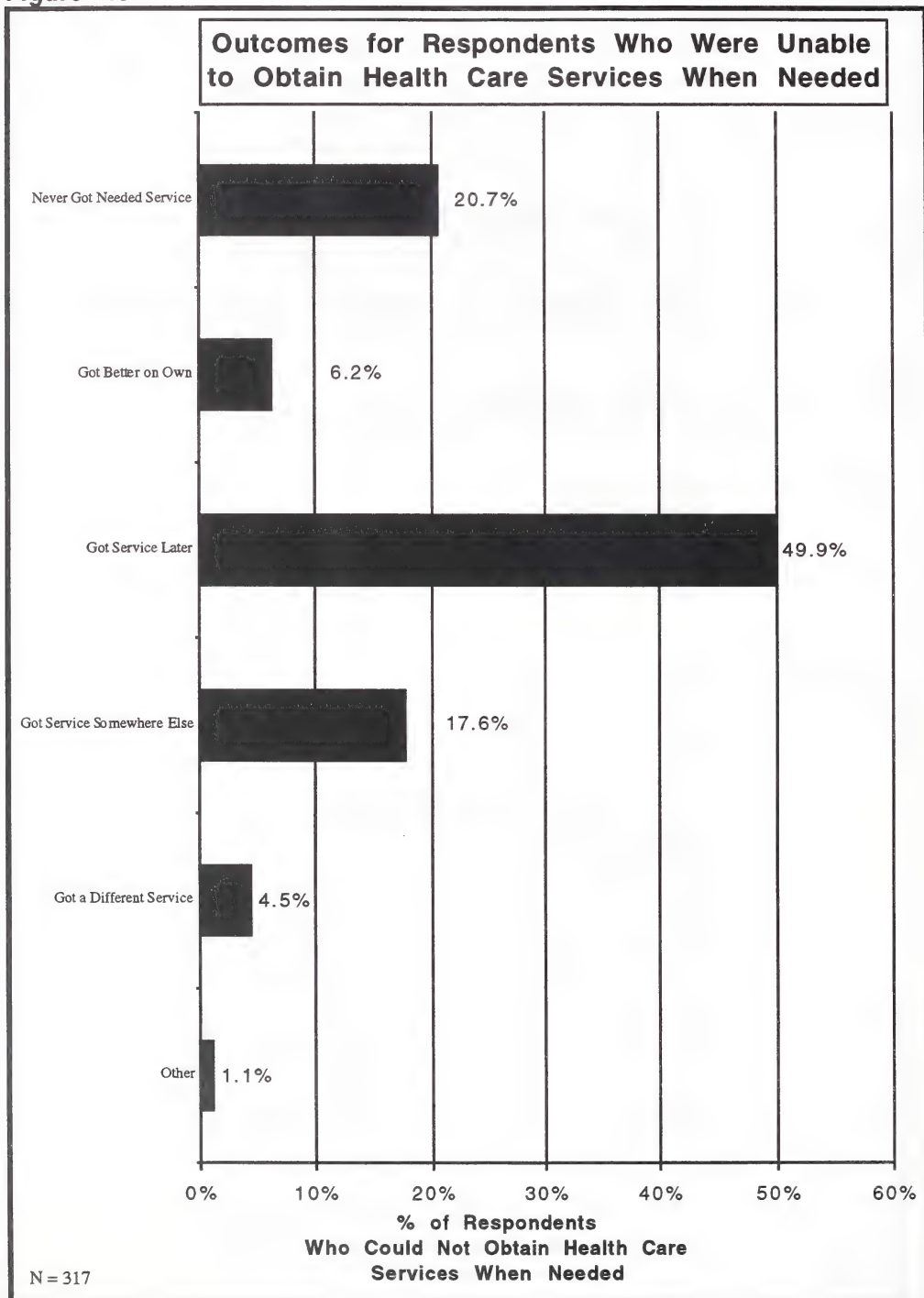


Figure 43



10 Information Received From Health Care Providers and Knowledge of the Health Care System

Respondents were asked how much information (a lot, some, very little, none) they usually get from the health care provider about their health, the health services offered to them, the effects of the health service on them, and possible alternative health services. Figure 44 shows that the majority of respondents said that they received either a lot of information or some information about their health, the health services offered to them, and the effects of the health service. The majority of respondents, however, said that they received very little or no information about alternative health services.

Respondents were also asked "In general, how involved were you in making decisions about the health care services you received? Would you say you were involved a lot, some, a little, or not at all?" Figure 44 shows that 39% said they were involved "a lot" while another 34% indicated that they were involved "some."

Respondents were asked to rate their knowledge of which health services are available to them, to indicate if they needed more information about which health services are available to them, to indicate if they knew where to go if they needed emergency medical services, and to rate their knowledge of the health system. Figure 45 shows that 70% of respondents said that their knowledge of which health services were available to them was either excellent (15%) or good (55%). Thirty-nine percent (39%) said that they needed more information about health service availability. Most respondents knew where to go for emergency medical services; indeed, only 5% said that they did not know where to go for emergency medical services. Finally, 61% of respondents said that, in general, their knowledge of the health system was either excellent (10%) or good (51%).

Figure 44

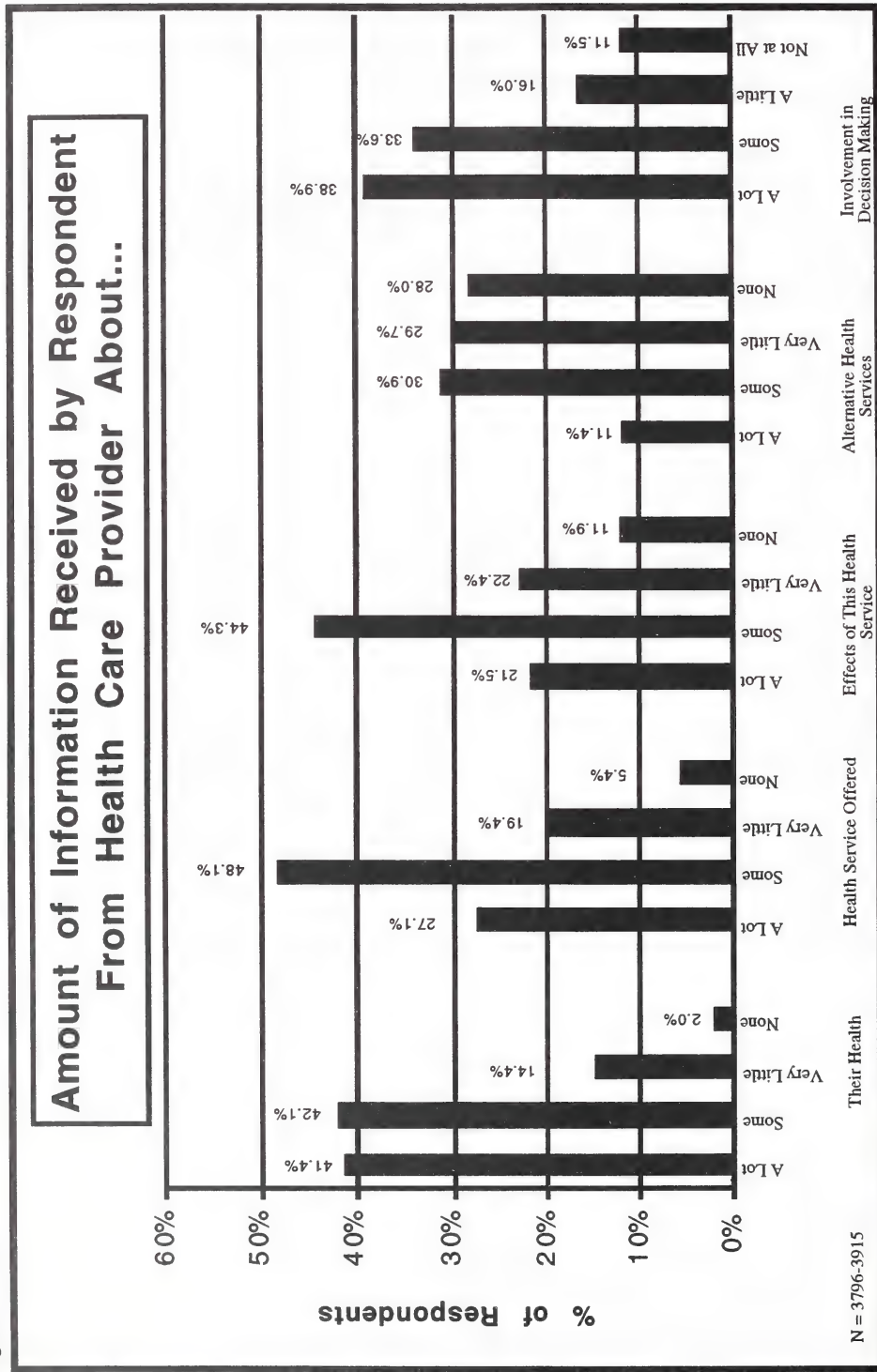
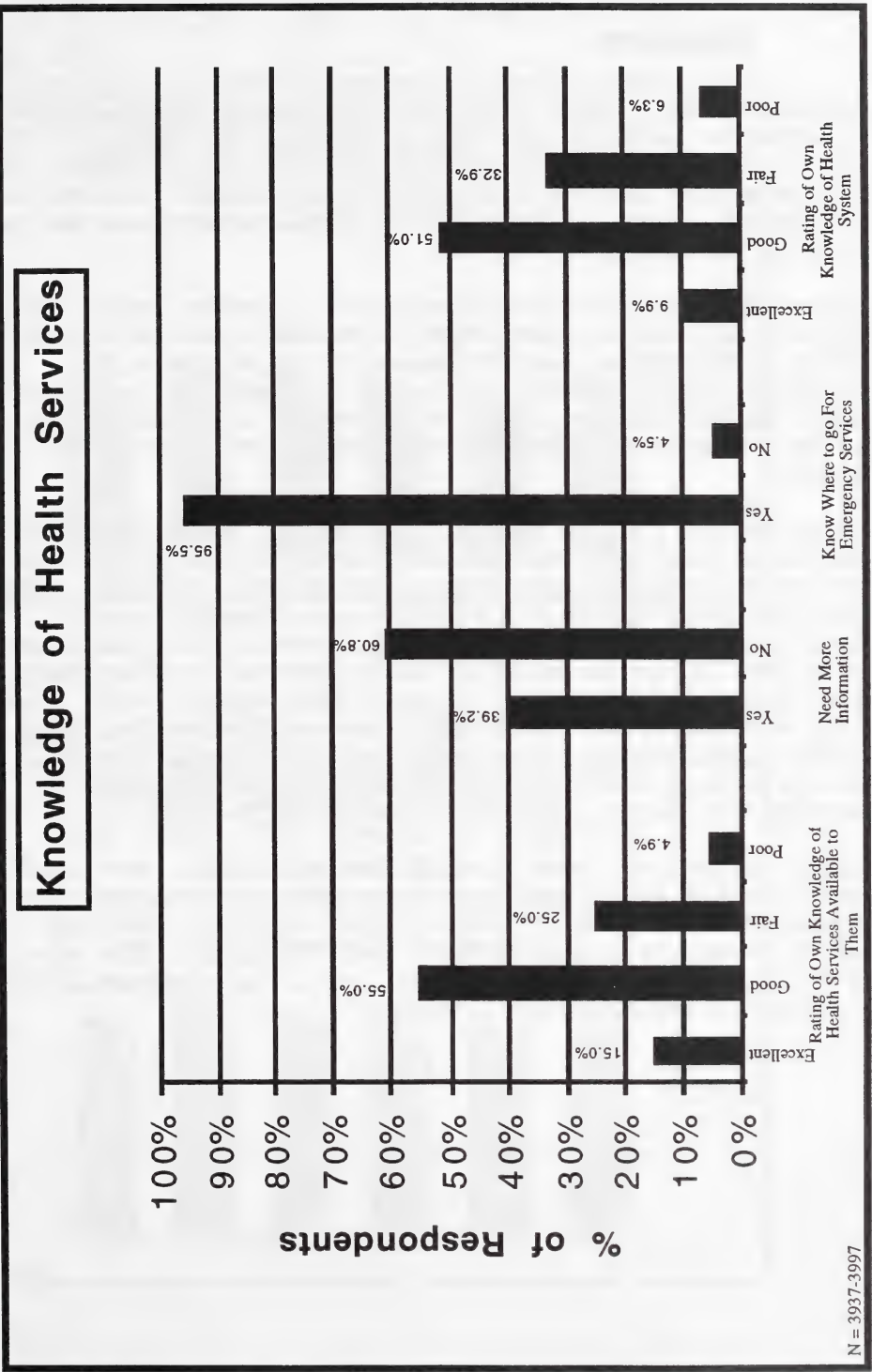


Figure 45



11 *Satisfaction With the Health Care System*

Respondents were asked to rate the health care system in Alberta on a 4-point scale (excellent, good, fair, or poor; see also pages 16-17 of this report) and to say how satisfied they were with the health system in Alberta (very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied; see also pages 30-31 of this report).

Figures 46 and 47 show responses to these questions by age and sex. Figure 46 shows that males tended to rate the health care system in Alberta a little higher than did females. Figure 47 shows that satisfaction with the health care system in Alberta was somewhat higher among males in comparison to females and tended to be higher for the youngest and oldest adults in comparison to the middle age groups.

Eleven percent (11%) of respondents rated the health care system in Alberta as "poor" while another 33% rated it as "fair." The respondents who rated the health care system as fair or poor were asked "What is it about the health system that makes you rate it as fair/poor?"

Respondents could give more than one answer, up to a maximum of three. Most of the reasons given can be grouped into three categories (see Figure 48): funding (cuts, focus on costs and not health, user fees), accessibility and availability of services (long waiting times, harder to get services, fewer health services, hospital closures, doctors leaving), and dissatisfaction with quality (low quality, not satisfied with service received, system getting worse).

Finally, respondents were asked "At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say very good, good, fair, or poor?" Twenty-three percent (23%) said "very good," 33% selected "good," 10% said "fair," and 5% said "poor." Thirty percent (30%) said that they did not know how to respond.

Figure 46

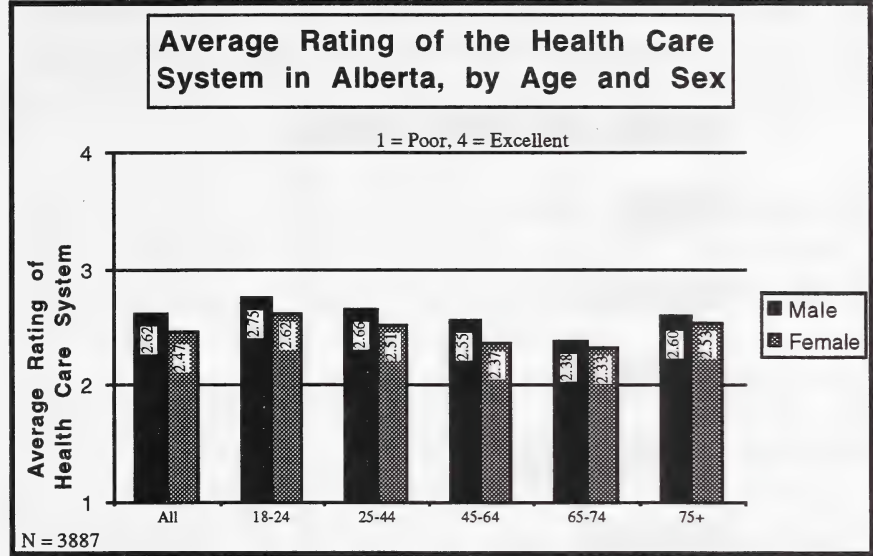


Figure 47

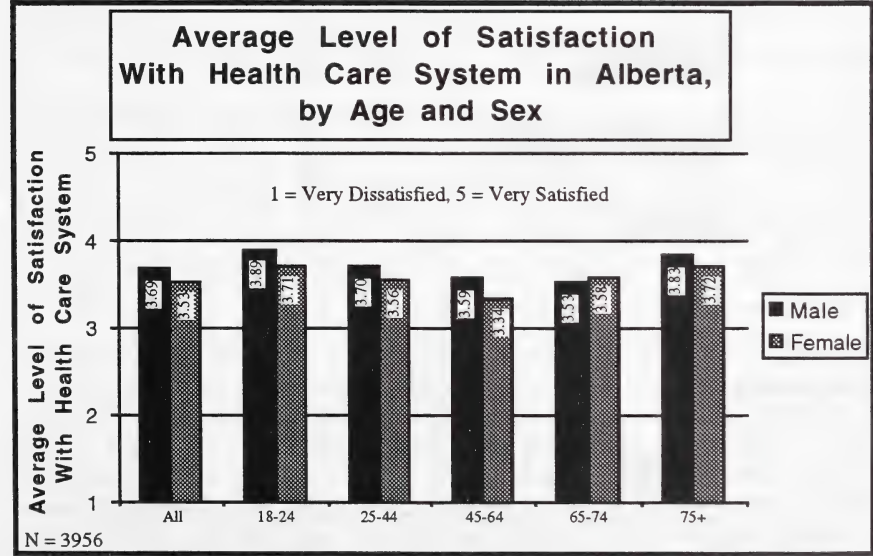
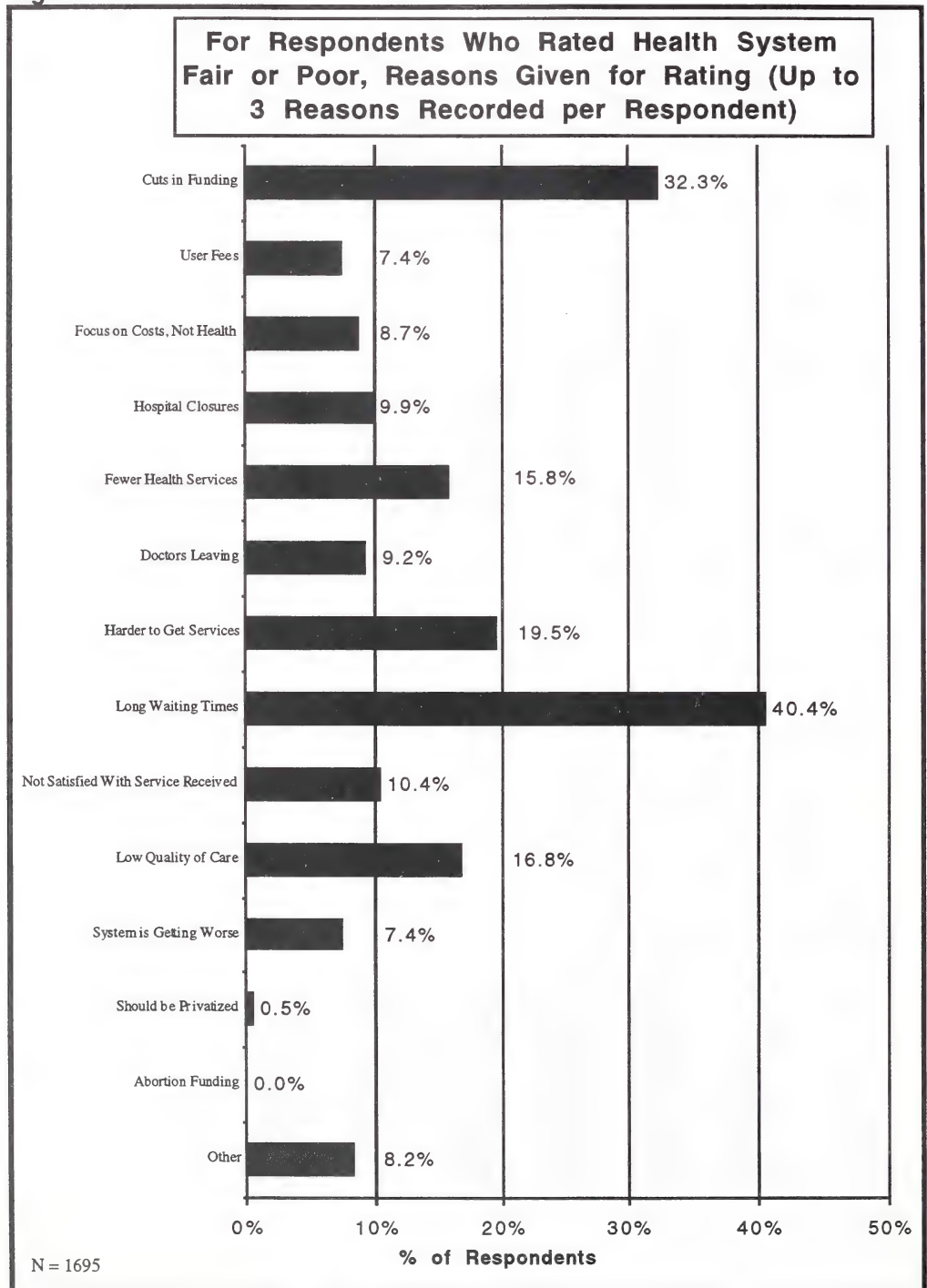


Figure 48



12 *Quality of Health Services*

Respondents were asked to rate on a 4-point scale (excellent, good, fair, or poor) the quality of health care services available in their community (see also pages 24-25 of this report) and the quality of care personally received in the past 12 months (see also pages 26-27 of this report).

Figures 49 and 50 show responses to these questions by age and sex. Figure 49 shows that males tended to rate the quality of health care services available in their community marginally higher than did females. There was no obvious pattern of differences by age. Figure 50 shows that ratings of health care personally received in the past 12 months did not vary noticeably by either age or sex.

Seventy-six percent (76%) of respondents had personally received health care services in Alberta in the past 12 months (n=3056). Those who had received services were asked to rate the quality of care received (see Figure 16). Those persons who had received care and who rated it as either "poor" or "fair" (14% responded in this way) were asked "Why do you say that the quality of health service you received was fair/poor?" and multiple responses were recorded, when given. The reasons these persons gave for their rating of care received are shown in Figure 51. The most frequent complaint concerned having to wait too long. Others complained that they did not get the desired treatment, were not treated with courtesy and respect, did not have the opportunity to ask questions, or were given incorrect information or incorrect treatment. Some felt that their health did not get better, or that it got worse.

Respondents who had received health care services in the past 12 months were asked "How did the health care services you received in the past 12 months affect your health? Would you say the results were excellent, good, fair, or poor?" Twenty-seven percent (27%) said that the results were excellent, 57% indicated good, 12% selected fair, and 4% said that results were poor. (See also pages 28-29 of this report.)

Respondents who had personally received health care services in the past 12 months in Alberta were then asked "Did you ever want to make a complaint about health services you received during the past year?" Nineteen percent (19%) answered yes. However, only 167 persons (5.5%) out of a total of 3056 persons receiving care reported actually making a complaint. Complaints were made to the following: their doctor (29%), the person providing the service (23%), the person in charge of the health care facility (22%), the regional health authority (13%), a professional group such as the College of Physicians and Surgeons (7%), an appeals body such as the Health Services

Review Committee (3%), Alberta Health (4%), and elected government officials (14%). Some complained to more than one person or agency. Some complained informally to family or friends (10%) or to the media (3%). Those persons who made a formal complaint (n=142) were then asked how satisfied they were with the response to their complaint. Nine percent (9%) said that they were very satisfied, another 24% indicated they were satisfied, 37% said they were dissatisfied, and 31% indicated that they were very dissatisfied.

A total of 413 respondents (out of 3056 persons receiving health care services in the past year) had wanted to complain but did not make a formal complaint. Reasons given for not formally complaining included not knowing how (25%), believing that nothing would be done about the complaint (35%), feeling it was too much trouble (25%), perceiving that there was no one to complain to (7%), feeling that their complaint was not important enough (8%), and fearing that complaining would make things worse (5%).

Respondents who had personally received health care services in Alberta in the past 12 months were asked if they had received health services at a hospital in Alberta during that time. Forty percent (40%) of respondents who had received some form of care had received health services at a hospital (n=1204). For those receiving hospital services, the most recent services utilized were emergency care (43%), day services (33%), and overnight care (24%).

Respondents who had received hospital services were asked to rate on a 4-point scale (excellent, good, fair, or poor) the quality of care most recently received. Figure 52 shows that 35% rated their hospital care as excellent, 46% rated it as good, 14% indicated fair, and 5% said poor. Those persons who had received hospital care and who rated it as either "poor" or "fair" (n=228 persons, i.e. 19% of those receiving hospital care) were asked "Why do you say that the quality of health service you received was fair/poor?" and multiple responses were recorded, when given. The most frequent complaints concerned waiting too long [at the hospital before service was provided (46%) or to get into the hospital (19%)], problems with staff [lack of attention from staff to respondent's needs (37%) or lack of courtesy and respect from staff (19%)], inadequate treatment [did not get desired treatment (16%) or got incorrect treatment (11%)], and being rushed [no time to ask questions (14%), sent home too soon (10%), or not given adequate instruction (7%)].

Respondents who had received hospital services in the past 12 months were asked "How did the health care services you received at the hospital affect your health? Would you say the results were excellent, good, fair, or poor?" Figure 53 shows that 34% said the

results were excellent, 52% indicated good, 10% selected fair, and 4% said the results were poor.

Respondents were asked if any members of their household other than the respondent had received health services at a hospital in Alberta during the past 12 months. Thirty-six percent (36%) of respondents (n=1406) reported that at least one household member had received health services at a hospital. Forty-two percent (42%) of the household members who had most recently received health services at a hospital were children, 37% were the spouse of the respondent, 9% were a parent of the respondent, and 11% were other household members. For those receiving hospital services, the most recent services utilized were emergency care (49%), day services (26%), and overnight care (25%).

Respondents who had a household member who had received hospital services were asked to rate on a 4-point scale (excellent, good, fair, or poor) the quality of care that member had received. Figure 54 shows that 34% rated the hospital care as excellent, 40% rated it as good, 15% indicated fair, and 10% said poor. Those persons who had a household member who had received hospital care and who rated the care as either "poor" or "fair" (n=352 or 26% responded in this way) were asked "Why do you say that the quality of health service he/she received was fair/poor?" and multiple responses were recorded, when given. The most frequent complaints concerned waiting too long [at the hospital before service was provided (48%) or to get into the hospital (12%)], problems with staff [lack of attention from staff to respondent's needs (33%) or lack of courtesy and respect from staff (19%)], inadequate treatment [did not get desired treatment (18%) or got incorrect treatment (14%)], and being rushed [no time to ask questions (7%), sent home too soon (8%), or not given adequate instruction (5%)].

Respondents who had a household member who had received hospital services in the past 12 months were asked "How did the health care services he/she received at the hospital affect his/her health? Would you say the results were excellent, good, fair, or poor?" Figure 55 shows that 31% said the results were excellent, 50% indicated good, 12% selected fair, and 8% said the results were poor.

Figure 49

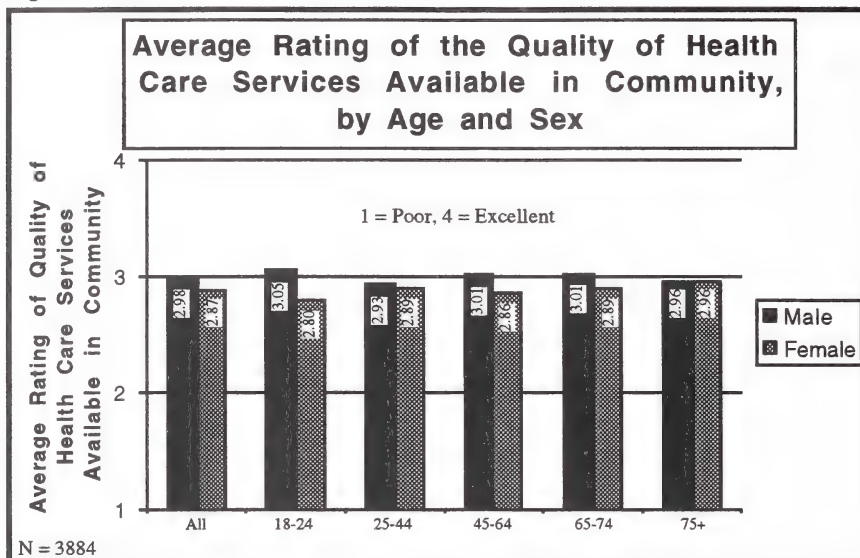


Figure 50

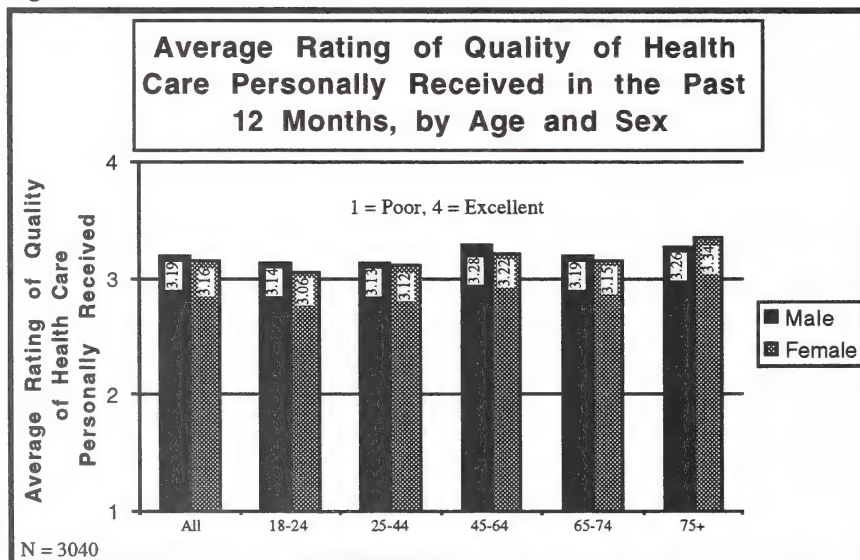


Figure 51

For Respondents Who Received Health Care Services in the Past 12 Months and Who Rated That Service as Fair or Poor, Reasons Given for Rating (Respondent Could Give More Than one Reason)

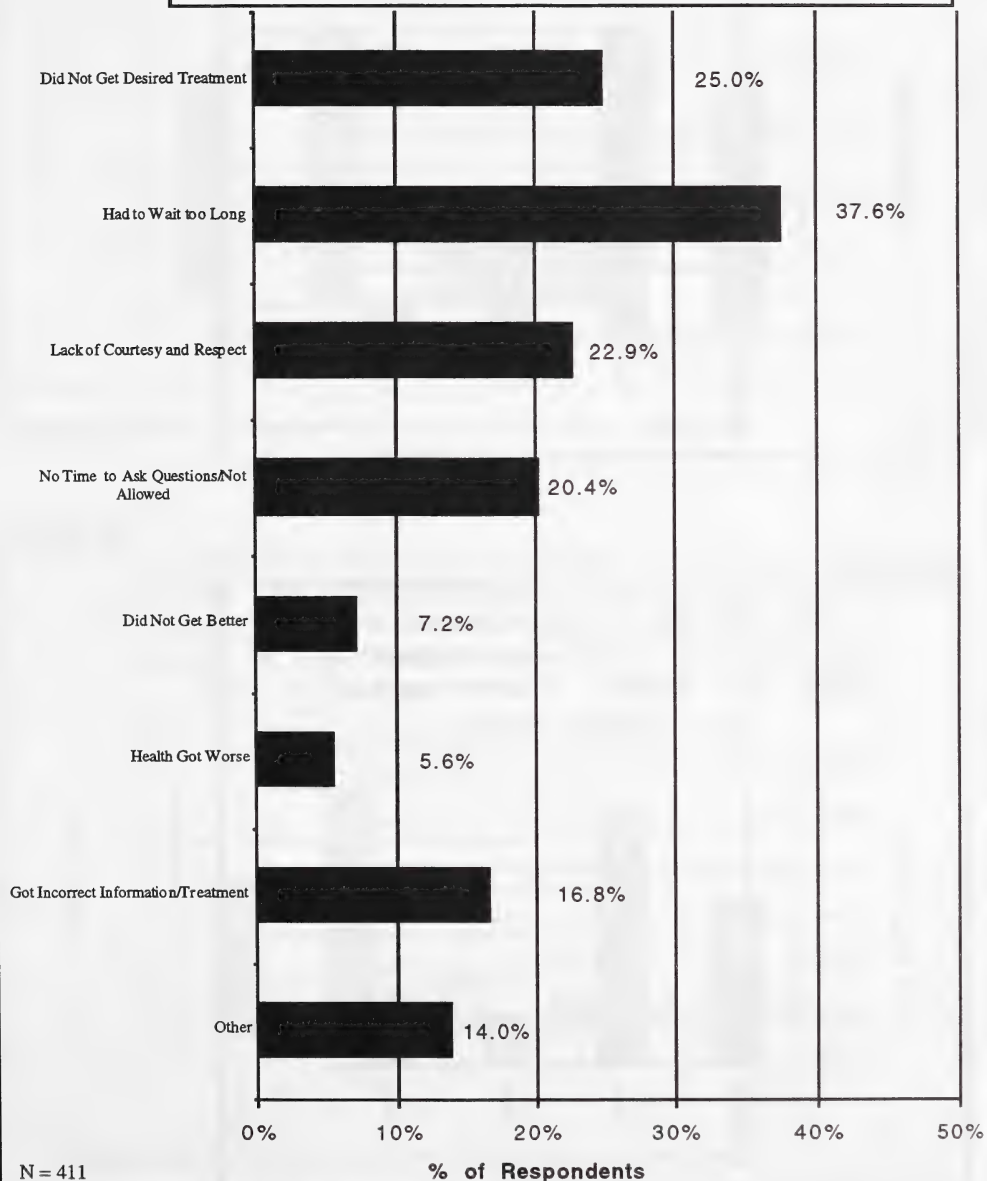


Figure 52

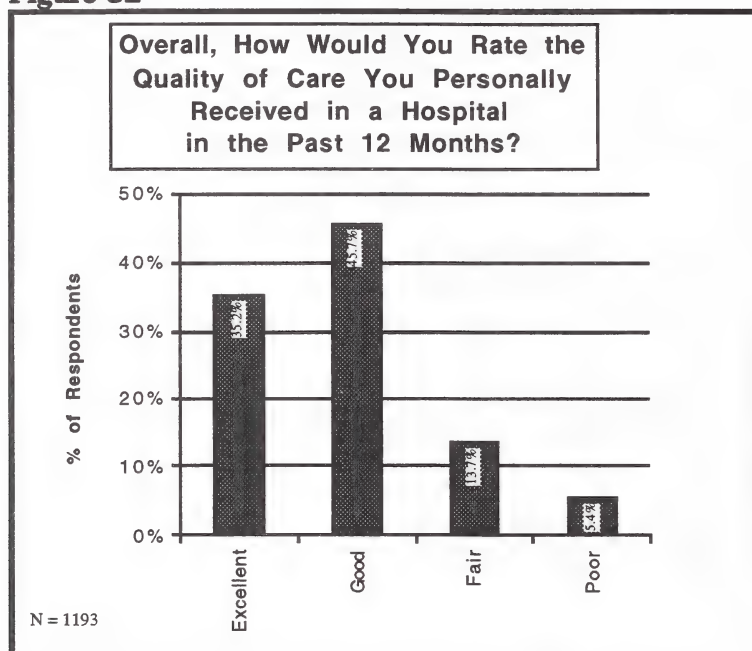


Figure 53

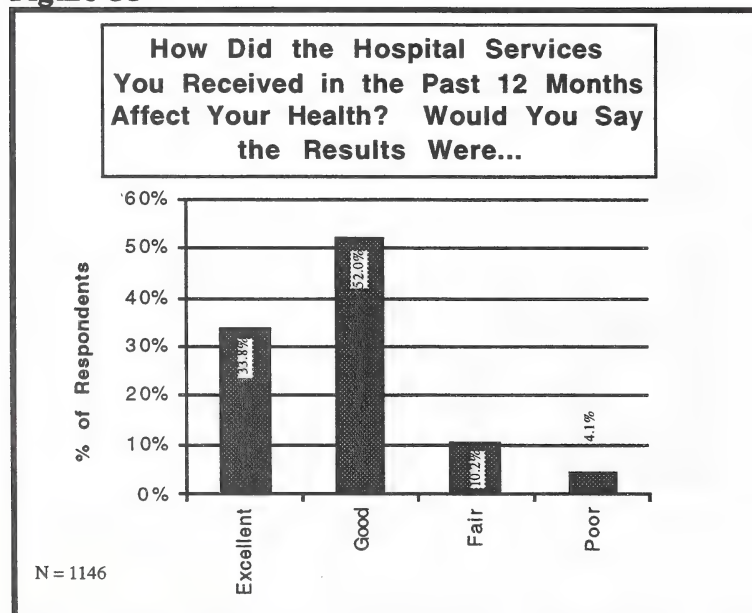


Figure 54

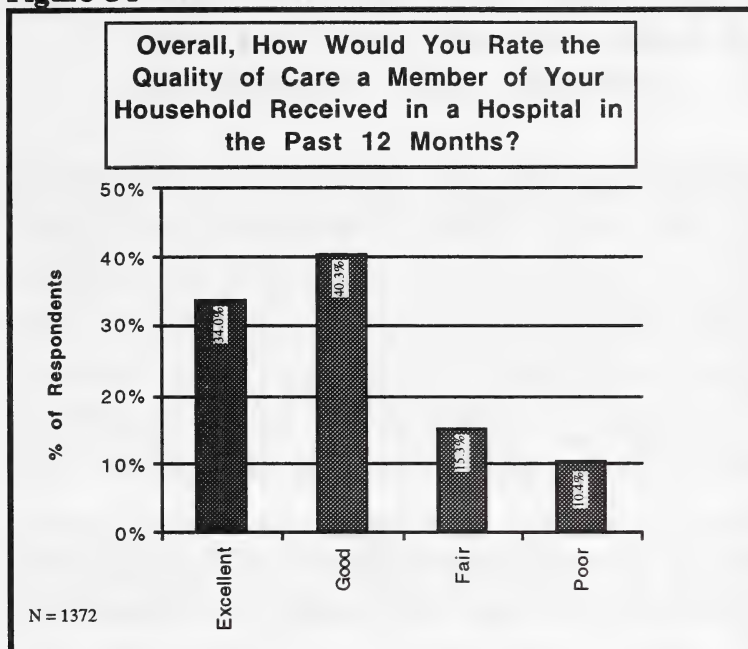
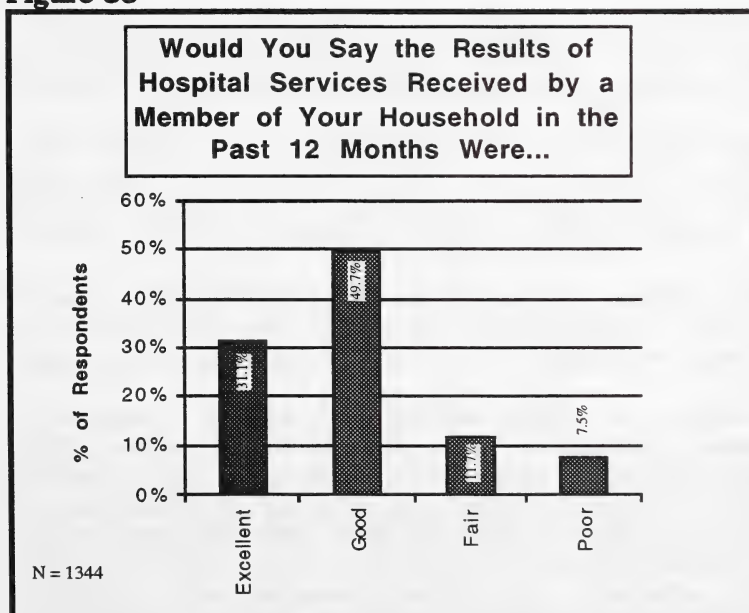


Figure 55



13 *The Relationship Between Need For Health Care Services and Ratings of the Health Care System*

Key performance measures of the health system defined by Alberta Health included respondents' ratings of the health care system, ratings of the accessibility of health care services, the percentage of respondents able/unable to obtain health services when needed, ratings of quality of care personally received, and satisfaction with the health care system in Alberta. Four measures of health care need were defined: self-reported health status, having a chronic health problem requiring regular health services, respondent's level of need for health services, and level of need for health services for most needy person in household. Tables 1 to 20 examine the relationship between health care needs and key performance measures of the health system.

Tables 1-4 show that ratings of the health care system in Alberta tended to fall with declining health status and increasing health needs. In other words, some of those who were most likely to have relied most heavily on the health care system had the lowest evaluation of it.

Tables 5-8 show that ratings in both 1998 and 1997 of how easy it is to access health services when they were needed tended to fall with declining health status and with increasing need for health services.

Tables 9-12 show that the percentage of respondents who reported not being able to obtain health care when needed tended to rise with declining health status and with increasing need for health services.

Tables 13-16 show that ratings in both 1998 and 1997 of care personally received in the past twelve months tended to show a similar pattern, that is, declining ratings were associated with poor health status and increased need for health services.

Finally, Tables 17-20 again show a similar pattern. That is, satisfaction with the health care system in Alberta tended to fall with declining health status and increasing need for health services.

In summary, ratings of the Alberta health care system tended to be quite positive. However, persons who reported a poorer health status tended to rate the health system more negatively than did healthier people. Similarly, persons who reported higher levels of need for health services (either their own need or the need of a household member) tended to be more likely to rate the health system negatively. Just the same, the majority of persons in poorer health and the majority of persons with higher need for health services reported satisfaction with the health system.

Table 1

Rating of Health Care System in Alberta, by Self-Reported Health Status

Rating of Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	12.7	7.6	6.6	6.8	8.8
Good	52.0	49.9	46.6	37.4	29.7
Fair	28.0	33.9	33.9	36.1	38.2
Poor	7.3	8.6	12.9	19.7	23.4
Total (n)	100 (932)	100 (1515)	100 (977)	100 (327)	100 (134)

 $\chi^2 = 122$, $df = 12$, $p < .000$

Table 2

Rating of Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Rating of Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	7.7	8.9
Good	39.9	50.5
Fair	36.5	31.5
Poor	15.9	9.1
Total (n)	100 (948)	100 (2925)

 $\chi^2 = 53$, $df = 3$, $p < .000$

Table 3

Rating of Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Rating of Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	8.0	9.0	12.4
Good	50.5	44.4	36.5
Fair	31.7	35.1	34.5
Poor	9.8	11.6	16.6
Total (n)	100 (2560)	100 (994)	100 (320)

$$\chi^2 = 38, df = 6, p < .000$$

Table 4

Rating of Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	8.0	8.2	11.8
Good	52.3	47.2	34.5
Fair	31.0	34.5	35.7
Poor	8.7	10.1	17.9
Total (n)	100 (1772)	100 (1426)	100 (600)

$$\chi^2 = 79, df = 6, p < .000$$

Table 5

Ease of Access to Health Care Services, by Self-Reported Health Status

Ease of Access to Health Care Services	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	1997	1998	1997	1998	1997	1998	1997	1998	1997	1998
Very Easy	27.4	23.9	22.6	20.4	17.6	14.6	13.8	14.4	10.8	11.5
Easy	53.4	54.1	54.5	56.7	52.1	53.9	48.0	48.2	33.4	45.3
A Bit Difficult	17.5	18.9	20.4	20.1	26.2	27.0	31.8	31.6	39.3	28.0
Very Difficult	1.8	3.1	2.6	2.8	4.2	4.4	6.4	5.7	16.5	15.2
Total	100	100	100	100	100	100	100	100	100	100
(n)	(953)	(924)	(1438)	(1500)	(987)	(973)	(316)	(327)	(145)	(137)

 χ^2 1997 = 189, $df = 12$, $p < .000$ χ^2 1998 = 122, $df = 12$, $p < .000$

Table 6

Ease of Access to Health Care Services, by Chronic Health Problem Requiring Regular Health Services

Ease of Access to Health Care Services	Have Chronic Health Problem Requiring Regular Health Services (%)			
	Yes		No	
	1997	1998	1997	1998
Very Easy	17.8	15.4	22.4	20.1
Easy	45.2	48.9	54.4	56.1
A Bit Difficult	31.2	29.3	20.2	20.6
Very Difficult	5.9	6.4	2.9	3.2
Total	100	100	100	100
(n)	(900)	(946)	(2932)	(2906)

 χ^2 1997 = 72, $df = 3$, $p < .000$ χ^2 1998 = 58, $df = 3$, $p < .000$

Table 7

Ease of Access to Health Care Services, by Own Level of Need for Health Services in Past Year

Ease of Access to Health Care Services	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	1997	1998	1997	1998	1997	1998
Very Easy	23.3	20.3	17.6	15.9	18.6	17.8
Easy	53.5	56.2	52.2	53.8	43.0	40.2
A Bit Difficult	20.5	20.3	26.7	25.7	27.3	33.9
Very Difficult	2.6	3.2	3.5	4.6	11.1	8.1
Total (n)	100 (2498)	100 (2543)	100 (974)	100 (990)	100 (355)	100 (322)

X^2 1997 = 95, df = 6, p < .000

X^2 1998 = 68, df = 6, p < .000

Table 8

Ease of Access to Health Care Services, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Ease of Access to Health Care Services	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)					
	Low		Moderate		High	
	1997	1998	1997	1998	1997	1998
Very Easy	24.2	21.2	20.2	16.9	17.7	17.7
Easy	54.5	57.2	53.0	55.0	45.4	43.5
A Bit Difficult	19.2	18.8	23.7	24.7	28.4	30.4
Very Difficult	2.0	2.9	3.1	3.3	8.5	8.4
Total (n)	100 (1644)	100 (1759)	100 (1464)	100 (1415)	100 (676)	100 (604)

X^2 1997 = 97, df = 6, p < .000

X^2 1998 = 91, df = 6, p < .000

Table 9

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Self-Reported Health Status

% Able or Unable to Obtain Health Care Services When Needed	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Able	93.7	94.4	89.5	89.6	76.3
Unable	6.3	5.6	10.5	10.4	23.7
Total (n)	100 (939)	100 (1537)	100 (990)	100 (333)	100 (138)

$X^2 = 72$, $df = 4$, $p < .000$

Table 10

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Chronic Health Problem Requiring Regular Health Services

% Able or Unable to Obtain Health Care Services When Needed	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Able	87.3	93.5
Unable	12.7	6.5
Total (n)	100 (954)	100 (2974)

$X^2 = 38$, $df = 1$, $p < .000$

Table 11

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Own Level of Need for Health Services in Past Year

% Able or Unable to Obtain Health Care Services When Needed	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Able	94.6	88.6	81.2
Unable	5.4	11.4	18.8
Total (n)	100 (2604)	100 (1003)	100 (322)

$$\chi^2 = 91, df = 2, p < .000$$

Table 12

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

% Able or Unable to Obtain Health Care Services When Needed	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Able	95.4	91.7	82.4
Unable	4.6	8.3	17.6
Total (n)	100 (1814)	100 (1437)	100 (602)

$$\chi^2 = 104, df = 2, p < .000$$

Table 13

Rating of Quality of Care Personally Received in Past 12 Months, by Self-Reported Health Status

Rating of Quality of Care Personally Received in Past 12 Months	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	1997	1998	1997	1998	1997	1998	1997	1998	1997	1998
Excellent	45.4	44.7	38.0	31.7	27.1	26.5	23.0	30.6	28.3	23.7
Good	47.1	47.8	50.5	56.3	56.9	57.2	49.8	50.5	35.0	45.8
Fair	5.9	5.8	9.4	11.1	12.9	14.2	20.8	15.6	22.0	17.6
Poor	1.6	1.6	2.1	0.9	3.1	2.1	6.3	3.4	14.7	12.9
Total (n)	100 (674)	100 (654)	100 (1053)	100 (1177)	100 (750)	100 (796)	100 (269)	100 (282)	100 (123)	100 (127)

 χ^2 1997 = 189, df = 12, p < .000 χ^2 1998 = 166, df = 12, p < .000

Table 14

Rating of Quality of Care Personally Received in Past 12 Months, by Chronic Health Problem Requiring Regular Health Services

Rating of Quality of Care Personally Received in Past 12 Months	Have Chronic Health Problem Requiring Regular Health Services (%)			
	Yes		No	
	1997	1998	1997	1998
Excellent	33.9	33.5	35.4	32.4
Good	48.0	50.5	51.8	55.1
Fair	13.9	13.3	10.0	10.8
Poor	4.3	2.7	2.8	1.8
Total (n)	100 (817)	100 (871)	100 (2047)	100 (2156)

 χ^2 1997 = 14, df = 3, p = .003 χ^2 1998 = 9, df = 3, p = .034

Table 15

Rating of Quality of Care Personally Received in Past 12 Months, by Own Level of Need for Health Services in Past Year

Rating of Quality of Care Personally Received in Past 12 Months	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	1997	1998	1997	1998	1997	1998
Excellent	36.9	34.3	32.1	28.1	33.4	36.9
Good	51.9	54.4	50.7	55.6	44.1	43.8
Fair	9.3	9.9	14.3	14.3	12.0	13.0
Poor	1.9	1.4	2.8	2.0	10.5	6.3
Total	100	100	100	100	100	100
(n)	(1675)	(1840)	(847)	(884)	(337)	(308)

X^2 1997 = 85, df = 6, p < .000

X^2 1998 = 56, df = 6, p < .000

Table 16

Rating of Quality of Care Personally Received in Past 12 Months, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Quality of Care Personally Received in Past 12 Months	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)					
	Low		Moderate		High	
	1997	1998	1997	1998	1997	1998
Excellent	36.6	34.7	33.7	30.6	35.5	33.8
Good	52.4	53.8	51.6	55.0	45.0	49.2
Fair	9.1	10.3	12.0	12.8	12.7	12.0
Poor	1.9	1.1	2.6	1.7	6.9	5.0
Total	100	100	100	100	100	100
(n)	(1088)	(1274)	(1166)	(1171)	(577)	(523)

X^2 1997 = 43, df = 6, p < .000

X^2 1998 = 38, df = 6, p < .000

Table 17

Satisfaction With Health Care System in Alberta, by Self-Reported Health Status

Satisfaction With Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Very Satisfied	22.7	18.6	16.7	20.4	15.8
Somewhat Satisfied	46.0	48.8	46.0	43.8	40.0
Neither Sat'd/Dis'd	14.5	15.6	14.3	9.8	13.9
Somewhat Dissatisfied	13.1	13.9	18.0	16.6	16.5
Very Dissatisfied	3.6	3.1	5.1	9.4	13.8
Total (n)	100 (947)	100 (1543)	100 (992)	100 (335)	100 (136)

$\chi^2 = 83$, $df = 16$, $p < .000$

Table 18

Satisfaction With Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Satisfaction With Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Very Satisfied	19.1	19.3
Somewhat Satisfied	42.7	47.9
Neither Sat'd/Dis'd	11.1	15.6
Somewhat Dissatisfied	18.7	13.9
Very Dissatisfied	8.5	3.4
Total (n)	100 (954)	100 (2989)

$\chi^2 = 66, df = 4, p < .000$

Table 19

Satisfaction With Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Satisfaction With Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Very Satisfied	18.9	17.7	26.2
Somewhat Satisfied	46.8	49.5	36.7
Neither Sat'd/Dis'd	15.7	11.7	13.2
Somewhat Dissatisfied	14.8	15.8	15.2
Very Dissatisfied	3.8	5.3	8.8
Total (n)	100 (2618)	100 (1006)	100 (319)

$\chi^2 = 44$, $df = 8$, $p < .000$

Table 20

Satisfaction With Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Satisfaction With Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Very Satisfied	19.3	17.9	22.6
Somewhat Satisfied	47.0	50.3	37.2
Neither Sat'd/Dis'd	16.9	11.8	13.4
Somewhat Dissatisfied	13.7	15.4	18.0
Very Dissatisfied	3.1	4.6	8.8
Total (n)	100 (1822)	100 (1442)	100 (602)

$\chi^2 = 74$, $df = 8$, $p < .000$

Appendix A - Questionnaire

The 1998 Public Survey about Health and the Health System in Alberta

CATI Telephone Questionnaire

1	Quota Cell for Regional Health Authority/Sex/Age Category	
2	Telephone Number	
3	CATI Record Number	
4	Interviewer's Name	
5	Date	
6	Start Time	
7	Finish Time	

Population Research Laboratory
University of Alberta

March 26, 1998

TELEPHONE INTRODUCTION SHEET 1998

1. Hello, my name is _____ and I'm calling (long distance) from the Population Research Lab at the University of Alberta.
2. I have dialed XXX-XXXX. Is this correct?
3. Your telephone number was selected at random by computer.
4. The Lab is conducting a public opinion study to help Alberta Health better understand the views of Albertans on health and the health care system in this province.
5. To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

- a. How many women aged 18 or over live at this number?

NUMBER OF WOMEN? ____

98 Refused

And how many men aged 18 or over live at this number?

NUMBER OF MEN? ____

98 Refused

RECORD SEX OF POTENTIAL RESPONDENT

Male..... 1

Female..... 2

- b. In which age category do you belong? (**READ CATEGORIES**)

18-24 years..... 1

25-44 years..... 2

45-64 years..... 3

65-74 years..... 4

75 years or older..... 5

0 Refused. Thank you very much for your time. INTERVIEW WILL TERMINATE IF "1" IS PRESSED.

IF AGE/GENDER QUOTAS ARE FILLED, LOOK AT QUOTA SHEET TO ASK FOR SOMEONE ELSE WHO MAY BE QUALIFIED AND BACK UP (ESCAPE KEY) TO REQUALIFY. TERMINATE INTERVIEW IF AGE REFUSED OR AGE/GENDER QUOTAS ARE FILLED; OTHERWISE CONTINUE.

6. I would like to interview you. I'm hoping that now is a good time for you. Your opinions are very important for the research that is being done for health care decision-makers in Alberta.
7. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be kept anonymous. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You of course have the right to terminate the interview at any time.

(INFORMATION FOR A RELUCTANT PARTICIPANT)

8. *Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information. You may also check the legitimacy of this study with the Registration Branch of Alberta Health at 427-1432 (if long distance, dial 310-0000 and then dial the phone number).*

I WOULD LIKE TO BEGIN WITH SOME QUESTIONS ON YOUR HEALTH.

1. In general, compared with other people your age, would you say your health is:

Excellent	1
Very Good	2
Good.....	3
Fair.....	4
Poor.....	5
Don't Know (VOLUNTEERED)	6
No Response	0

2. In general, how would you describe your current habits and lifestyle? Would you say they are:

Very healthy.....	1
Healthy.....	2
Somewhat unhealthy	3
Very unhealthy	4
Don't Know (VOLUNTEERED)	5
No Response	0

3. a. In the past 12 months, have you made any changes in your habits or lifestyle to improve your health?

Yes 1 (ASK b)
No 2 (GO TO 4)
No Response 0 (GO TO 4)

- b. What changes have you made?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Quit/reduced smoking
Reduced/quit alcohol.....
Changed diet.....
Lost weight
Increased exercise.....
Changed sexual behavior/reduced risk of STD.....
Reduced drug/medication use.....
Managed/reduced blood pressure.....
Managed/reduced cholesterol.....
Managed/reduced stress.....
Changed physical environment.....
Received medical treatment.....
Improved dental hygiene.....
Used vitamin or herbal remedy.....
Reduced risk of injury.....
Other (PLEASE SPECIFY).....
No Response
No Other/Exit.....

4. a. In the next 12 months, do you plan to make any changes in your habits or lifestyle to improve your health?

Yes 1 (ASK b)
No 2 (GO TO 5)
No Response 0 (GO TO 5)

- b. What changes do you plan to make?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Quit/reduce smoking.....
Reduce/quit alcohol.....
Change diet.....
Lose weight.....
Increase exercise.....
Change sexual behavior/reduce risk of STD.....
Reduce drug/medication use.....
Manage/reduce blood pressure.....
Manage/reduce cholesterol.....

- Manage/reduce stress
 Change physical environment.....
 Receive medical treatment.....
 Improve dental hygiene.....
 Use vitamin or herbal remedy.....
 Reduce risk of injury.....
 Other (**PLEASE SPECIFY**)

 No Response
 No Other/Exit.....

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SYSTEM.

5. Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is:

- Excellent 1 (**GO TO 7**)
 Good..... 2 (**GO TO 7**)
 Fair..... 3 (**ASK 6**)
 Poor..... 4 (**ASK 6**)

 Don't Know (**VOLUNTEERED**)..... 5 (**GO TO 7**)
 No Response 0 (**GO TO 7**)

6. What is it about the health system that makes you rate it *(fair/poor)*?
(DO NOT READ LIST. SELECT A MAXIMUM OF 3 RESPONSES)

- Not satisfied with service received
 Cuts in funding.....
 Hospital closures
 Fewer health services
 Doctors leaving.....
 Low quality of care.....
 User fees
 It is getting worse
 Should be privatized.....
 Abortion funding.....
 Focus on costs, not health
 Harder to get services.....
 Long waiting times for service.....
 Other (**PLEASE SPECIFY**)

 No Response
 No Other/Exit.....

7. Overall, how would you rate the AVAILABILITY of health care services in your community? Would you say...

Excellent 1
 Good..... 2
 Fair..... 3
 Poor..... 4

Don't Know (**VOLUNTEERED**) 5
 No Response 0

8. a. How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is:

Very easy 1 (**GO TO 9**)
 Easy..... 2 (**GO TO 9**)
 A bit difficult..... 3 (**ASK b**)
 Very difficult..... 4 (**ASK b**)

No Response 0 (**GO TO 9**)

- b. Which services do you have difficulty obtaining?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

General practitioner.....
 Medical specialist
 Tests, diagnostic services
 Mental health services
 Hospital admission, surgery
 Long term care facility
 Home care support
 Aids to Daily Living (AADL) supplies & supports.....
 Emergency care
 Rehabilitation therapy.....
 General, all kinds (ask for specifics).....
 Other (**PLEASE SPECIFY**)

No Response

No Other/Exit.....

- c. What makes it difficult for you?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

User fees for service
 Distance to travel for service.....
 Getting time from work
 Service at inconvenient time
 Service not available at certain times/days.....
 Cost of drugs, supplies, etc.
 Can't get service when it is needed.....
 Long waits
 Hard to get quality care/advice
 Not enough health professionals

Difficulty understanding what I am told
 I don't know how to get what I need
 Other **(PLEASE SPECIFY)**

No Response
 No Other/Exit.....

9. a. Over the past 12 months, were you ever unable to obtain health care services when you needed them?

Yes 1 **(ASK b)**
 No 2 **(GO TO 10)**

No Response 0 **(GO TO 10)**

- b. What type of service or services were you unable to obtain?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Medical doctor (GP).....
 Medical doctor (specialist).....
 Emergency care.....
 Ambulance service.....
 Hospital in-patient care.....
 Hospital out-patient care.....
 Long-term care in a facility.....
 Medical test services.....
 Home care services.....
 Therapy (not mental health).....
 Immunization for self/child.....
 Mental health services or counseling.....
 Other **(PLEASE SPECIFY)**

No Response
 No other/Exit.....

- c. Why could you not get this needed service?
(DO NOT READ LIST. RECORD ONE ANSWER ONLY.)

Could not afford the cost..... 01
 Could not get an appointment with health professional..... 02
 No emergency available/emergency closed 03
 Had to wait too long; gave up..... 04
 I was not given the treatment I asked for..... 05
 Not available nearby/not convenient to get to 06
 Service not covered by health system 07
 No hospital bed available..... 08
 Lack of medical staff/too busy 09
 Medical staff incompetent/wrong diagnosis..... 10
 Cutbacks (general)..... 11
 No health card..... 12
 Other **(PLEASE SPECIFY)** 13

Don't Know/No Response 00

d. Did this have any effect on you?

Yes 1 **(ASK e)**
 No 2 **(GO TO f)**
 No Response 0 **(GO TO f)**

e. What effect did this have on you?

(DO NOT READ LIST. RECORD ONE ANSWER ONLY.)

Physical pain/suffering/discomfort 01
 Emotional stress/anxiety/worry/depression/fear..... 02
 Got angry/upset/frustrated 03
 Health got worse/illness untreated/recovery delayed..... 04
 Traveled/looked elsewhere for service 05
 Turned to family/others for support..... 06
 Treated self/refused to go back to hospital 07
 Inconvenience/disruptive/difficulty managing 08
 Affected employment (e.g. unable to work; missed work)..... 09
 Financial impact (e.g. had to pay; can't afford; lost wages) 10
 Other **(PLEASE SPECIFY)** 11
 No Response 00

f. What happened next? Did you: **(READ)**

Get the service you needed somewhere else 1
 Get a different service 2
 Get better on your own 3
 Get the service you needed at a later time..... 4
 Never receive the needed service..... 5
 Other **(PLEASE SPECIFY)** 6
 No Response 0

10. Overall, how would you rate the QUALITY of health care services that are available in your community? Would you say...

Excellent 1
 Good..... 2
 Fair..... 3
 Poor..... 4
 Don't Know **(VOLUNTEERED)** 5
 No Response 0

11. In general, how would you rate your knowledge of which health services are available to you?

- Excellent 1
- Good..... 2
- Fair..... 3
- Poor..... 4
- Don't Know (**VOLUNTEERED**)..... 5
- No Response 0

12. Do you think you need more information about which health services are available to you?

- Yes 1
- No 2
- Don't Know (**VOLUNTEERED**)..... 3
- No Response 0

13. Do you know where to go if you needed emergency medical services?

- Yes 1
- No 2
- No Response 0

14. In general, how would you rate your knowledge of the health system?

- Excellent 1
- Good..... 2
- Fair..... 3
- Poor..... 4
- Don't Know (**VOLUNTEERED**)..... 5
- No Response 0

THE NEXT QUESTIONS ARE ABOUT THE HEALTH CARE SERVICES YOU HAVE RECEIVED IN ALBERTA.

15. a. Have you personally received any health care services in Alberta in the past 12 months?

- Yes 1 (**ASK b**)
- No 2 (**GO TO 17**)
- No Response 0 (**GO TO 16**)

- b. Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was:

Excellent 1 **(GO TO d)**
 Good..... 2 **(GO TO d)**
 Fair..... 3 **(ASK c)**
 Poor..... 4 **(ASK c)**

Don't Know **(VOLUNTEERED)** 5 **(GO TO d)**
 No Response 0 **(GO TO d)**

- c. Why do you say that the quality of health service you received was *(fair/poor)*? **(DO NOT READ LIST. SELECT ALL THAT APPLY.)**

Did not get the treatment I wanted _____
 Had to wait too long _____
 Lack of courtesy and respect..... _____
 No time to ask questions/not allowed _____
 Did not get better..... _____
 Health got worse..... _____
 Got incorrect information/treatment _____
 Other **(PLEASE SPECIFY)** _____

No Response _____
 No other/Exit..... _____

- d. How did the health care services you received in the past 12 months affect your health? Would you say the results were:

Excellent 1
 Good..... 2
 Fair..... 3
 Poor..... 4

Don't Know **(VOLUNTEERED)** 5
 No Response 0

THE NEXT QUESTIONS ARE SPECIFICALLY ABOUT HEALTH SERVICES THAT YOU PERSONALLY RECEIVED AT A HOSPITAL.

16. a. In the past 12 months, have you personally received health services at a HOSPITAL in Alberta, as an overnight patient, a day patient, or through emergency?

Yes 1 **(ASK b)**
 No 2 **(GO TO 17)**

No Response 0 **(GO TO 17)**

- b. Which type of hospital service did you receive?
(IF MORE THAN ONE, ASK FOR THE MOST RECENT SERVICE RECEIVED.)
 Overnight 1
 Day 2
 Emergency..... 3

 Don't Know **(VOLUNTEERED)** 5 **(GO TO 17)**
 No Response 0 **(GO TO 17)**
- c. How would you rate the QUALITY of care you most recently received at the hospital? Would you say it was:

 Excellent 1 **(GO TO e)**
 Good..... 2 **(GO TO e)**
 Fair..... 3 **(ASK d)**
 Poor..... 4 **(ASK d)**

 Don't Know **(VOLUNTEERED)** 5 **(GO TO e)**
 No Response 0 **(GO TO e)**
- d. Why do you say that the quality of health services you received at the hospital was *(fair/poor)*?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

 Waited too long to get into hospital (before admission).....
 Waited too long at hospital before service provided
 Lack of privacy
 Too crowded
 Didn't like the food.....
 Poor environment (e.g., messy, noisy)
 Did not get the desired treatment
 Got incorrect treatment
 Lack of courtesy, respect from staff
 Lack of attention to my needs from staff
 No time to ask questions; not involved in decisions.....
 Sent home too soon
 Not given adequate instructions on self-care
 Other **(PLEASE SPECIFY)**

 No Response
 No other/Exit.....
- e. How did the health care services you received at the hospital affect your health? Would you say the results were:

 Excellent 1
 Good..... 2
 Fair..... 3
 Poor..... 4

 Don't Know **(VOLUNTEERED)** 5
 No Response 0

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SERVICES THAT OTHER MEMBERS OF YOUR HOUSEHOLD RECEIVED AT A HOSPITAL.

17. a. In the past 12 months, did another member of your household, like a spouse, child, parent, or roommate receive health services at a HOSPITAL in Alberta, either as an overnight patient, a day patient, or through emergency?

Yes 1 (**ASK b**)
 No 2 (**GO TO 18**)

No Response 0 (**GO TO 18**)

- b. Which household member most recently received health services at a hospital in Alberta in the past 12 months? (**DO NOT READ.**)

Spouse (including common-law 1
 Child (including step, adopted, foster) 2
 Parent (including in-laws) 3
 Other 4

No Response 0

- c. Which type of hospital service did he/she receive?

Overnight 1
 Day 2
 Emergency 3

Don't Know (**VOLUNTEERED**) 4 (**GO TO 18**)
 No Response 0 (**GO TO 18**)

- d. How would you rate the quality of care he/she received at the hospital? Would you say it was:

Excellent 1 (**GO TO f**)
 Good 2 (**GO TO f**)
 Fair 3 (**ASK e**)
 Poor 4 (**ASK e**)

Don't Know (**VOLUNTEERED**) 5 (**GO TO f**)
 No Response 0 (**GO TO f**)

- e. Why do you say that the quality of health service he/she received was (fair/poor)?
 (**DO NOT READ LIST. SELECT ALL THAT APPLY.**)

Waited too long to get into hospital (before admission)
 Waited too long at hospital before service provided
 Lack of privacy
 Too crowded
 Didn't like the food
 Poor environment (e.g., messy, noisy)

- Did not get the desired treatment _____
- Got incorrect treatment _____
- Lack of courtesy, respect from staff _____
- Lack of attention to my needs from staff _____
- No time to ask questions; not involved in decisions..... _____
- Sent home too soon _____
- Not given adequate instructions on self-care _____
- Other (**PLEASE SPECIFY**) _____

- No Response _____
- No other/Exit..... _____

f. How did the health care services he/she received at the hospital affect his/her health? Would you say the results were:

- Excellent 1
- Good..... 2
- Fair..... 3
- Poor..... 4

- Don't Know (**VOLUNTEERED**)..... 5
- No Response 0

(IF ANSWER TO Q15a IS NO, THEN SKIP TO 19; OTHERWISE ASK Q18a)

18. a. Did you ever want to make a complaint about health services you received during the past year?

- Yes 1 (**ASK b**)
- No 2 (**GO TO 19**)

- No Response 0 (**GO TO 19**)

b. Have you made a complaint about any health service you received during the past year?

- Yes 1 (**ASK c**)
- No 2 (**GO TO e**)

- No Response 0 (**GO TO 19**)

c. To whom did you complain?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

- The person providing service _____
- My doctor _____
- The person in charge of the facility..... _____
- The regional health authority..... _____
- Professional group (e.g. College of Physicians & Surgeons) _____
- An appeals body (e.g. Health Services Review Committee) _____
- Alberta Health _____
- The government (MLAs; Minister; Premier) _____

My family, friends, or neighbours
 The media.....
 No one.....

Don't remember
 No Response
 No other/Exit.....

(IF RESPONSE IS YES TO ANY OF THE FIRST EIGHT ITEMS, ASK d.)

IF RESPONSE IS "MY FAMILY, FRIENDS OR NEIGHBOURS", "THE MEDIA", OR "NO ONE", ASK e.

IF RESPONSE IS "DON'T REMEMBER", OR "NO RESPONSE", GO TO 19.)

- d. How satisfied were you with the response to your complaint?

Very Satisfied..... 1 **(GO TO 19)**
 Satisfied..... 2 **(GO TO 19)**
 Dissatisfied..... 3 **(GO TO 19)**
 Very Dissatisfied..... 4 **(GO TO 19)**

No Response 0 **(GO TO 19)**

- e. Why did you not make a complaint to someone in the health system?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Didn't know how to go about it.....
 Too much trouble.....
 My complaint was not important enough.....
 They wouldn't do anything about it anyway.....
 Afraid that complaining would make things worse.....
 There's no one to complain to.....
 Other **(PLEASE SPECIFY)**

No Response
 No other/Exit.....

19. When you receive health services, how much information do you usually get from the health care provider about: **(READ)**

- a. YOUR HEALTH. Would you say...

A Lot 1
 Some..... 2
 Very Little..... 3
 None 4

No Response 0

- b. *(How much information do you usually get from the health care provider about:)*

THE HEALTH SERVICE OFFERED TO YOU. Would you say...

A Lot 1
 Some..... 2
 Very Little..... 3
 None 4

No Response 0

- c. *(How much information do you usually get from the health care provider about:)*

POSSIBLE ALTERNATIVE HEALTH SERVICES. Would you say...

A Lot 1
 Some..... 2
 Very Little..... 3
 None 4

No Response 0

- d. *(How much information do you usually get from the health care provider about:)*

THE EFFECTS OF THE HEALTH SERVICES ON YOU. Would you say...

A Lot 1
 Some..... 2
 Very Little..... 3
 None 4

No Response 0

20. In general, how INVOLVED were you in making the decisions about the health care services you received? Would you say you were involved:

A Lot 1
 Some..... 2
 A Little..... 3
 Not at all..... 4

Don't Know (**VOLUNTEERED**)..... 5

No Response 0

THE NEXT QUESTIONS ARE ABOUT OTHER HEALTH ISSUES.

21. At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say...

Very Good 1
 Good..... 2
 Fair..... 3
 Poor..... 4

 Don't Know (**VOLUNTEERED**) 5
 No Response 0

22. a. In the past 6 months, have you RECEIVED any health care support from a family member? A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.

Yes 1 (**ASK b**)
 No 2 (**GO TO c**)

 No Response 0 (**GO TO c**)

- b. What kind of help did you receive?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Emotional/moral support/companionship/advice
 Home care/personal care.....
 Palliative care.....
 Household cleaning/cooking/grocery shopping/errands.....
 Child care.....
 Transportation.....
 Financial support/paid for supplies or medicine.....
 Other (**PLEASE SPECIFY**)

 No Response
 No other/Exit.....

- c. In the past 6 months, have you PROVIDED any health care support to a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

Yes 1 (**ASK d**)
 No 2 (**GO TO f**)

 No Response 0 (**GO TO f**)

- d. What kind of help did you provide?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Emotional/moral support/companionship/advice
 Home care/personal care.....
 Palliative care.....

Household cleaning/cooking/grocery shopping/errands..... _____
 Child care..... _____
 Transportation..... _____
 Financial support/paid for supplies or medicine..... _____
 Other (**PLEASE SPECIFY**) _____

No Response _____
 No other/Exit..... _____

- e. How would you describe the effects of providing this support? Would you say that it was:

Not an inconvenience..... 1
 A minor inconvenience or disruption 2
 A major disruption of my normal activities 3
 No Response 0

- f. In the past 6 months, have you paid to obtain health care support IN THE HOME, either for yourself or for a family member? (*A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.*)

Yes 1 (**ASK g**)
 No 2 (**GO TO 23**)
 No Response 0 (**GO TO 23**)

- g. What type of health care support was involved?
(DO NOT READ LIST. SELECT ALL THAT APPLY.)

Home care nurse/attendant..... _____
 Housekeeper/cleaner/yard worker..... _____
 Child care/postnatal services _____
 Live-in companion..... _____
 Medical supplies _____
 Prescriptions/medications..... _____
 Transportation..... _____
 Ambulance/STARS _____
 Health professionals (e.g. physiotherapists) _____
 Alternative therapies (e.g. acupuncture, chiropractor,
 homeopath, massage) _____
 Counseling _____
 Financial support/pay premiums..... _____
 Other (**PLEASE SPECIFY**) _____
 No Response _____
 No other/Exit..... _____

23. a. At this time, are you or a person living in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?
- Yes 1 (**ASK b**)
 No 2 (**GO TO 24**)
 No Response 0 (**GO TO 24**)
- b. What are you (or the person in your household) waiting for?
- Medical treatment/see doctor 1
 Consultation/diagnosis/tests/see specialist..... 2
 Surgery/cataract removal..... 3
 Home care services..... 4
 Long-term placement..... 5
 Community rehabilitation services: physiotherapy,
 audiology, speech therapy 6
 Dental treatment/surgery 7
 Other (**PLEASE SPECIFY**) 8
 No Response 0
24. Overall, how satisfied are you with the health system in Alberta? Would you say you are:
- Very satisfied 1
 Somewhat satisfied 2
 Neither satisfied nor dissatisfied..... 3
 Somewhat dissatisfied 4
 Very dissatisfied 5
 No Response 0
25. How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?
- Low 1
 Moderate 2
 High..... 3
 Don't Know (**VOLUNTEERED**) 4
 No Response 0
26. Do you have a chronic health problem which requires regular health services?
- Yes 1
 No 2
 No Response 0

27. Now, think about the person living in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?

Low 1
 Moderate 2
 High 3

 Don't Know (**VOLUNTEERED**) 4
 No Response 0

THESE FINAL QUESTIONS WILL GIVE US A BETTER PICTURE OF THE PEOPLE WHO TOOK PART IN THIS STUDY.

28. a. How many people normally live in your household?
 _____ Total number of people including children

98 No Response

- b. How many of these are under 18 years of age?
 _____ Number of children

98 No Response

29. What is the highest level of education you have attended or completed?
(DO NOT READ LIST)

No schooling 01
 Some Elementary 02
 Completed Elementary 03
 Some Secondary 04
 Completed Secondary 05
 Some college, technical, or nurse's training 06
 Completed college, technical, or nurse's training 07
 Some University 08
 Completed University 09
 Other education or training (**PLEASE SPECIFY**) 10

 No Response 00

30. What is the name of the Health Region in which you live?
(DO NOT READ LIST. CODE THE ANSWER PROVIDED BY THE RESPONDENT, EVEN IF IT IS THE WRONG HEALTH REGION. THE NUMBER OF THE HEALTH REGION DOES NOT HAVE TO BE MENTIONED EXCEPT FOR HEALTH REGION 5.)

Chinook Health Region 1 01
 Palliser Health Region 2 02
 Headwaters Health Region 3 03
 Calgary Health Region 4 04

Health Region 5.....	05
David Thompson Health Region 6.....	06
East Central Health Region 7.....	07
WestView Health Region 8.....	08
Crossroads Health Region 9.....	09
Capital Health Region 10.....	10
Aspen Health Region 11.....	11
Lakeland Health Region 12.....	12
Mistahia Health Region 13.....	13
Peace Health Region 14.....	14
Keeweenaw Lakes Health Region 15.....	15
Northern Lights Health Region 16.....	16
Northwestern Health Region 17.....	17
Don't Know/No Response/Incorrect Name	18

31. What is your total household income before taxes last year? **(IF NECESSARY, PROBE WITH CATEGORIES)**

UNDER \$6000..... 01	\$26000-27999..... 12	\$60000-64999..... 23
6000-7999..... 02	28000-29999..... 13	65000-69999..... 24
8000-9999..... 03	30000-31999..... 14	70000-74999..... 25
10000-11999..... 04	32000-33999..... 15	75000-79999..... 26
12000-13999..... 05	34000-35999..... 16	80000-84999..... 27
14000-15999..... 06	36000-37999..... 17	85000-89999..... 28
16000-17999..... 07	38000-39999..... 18	90000-94999..... 29
18000-19999..... 08	40000-44999..... 19	95000-99999..... 30
20000-21999..... 09	45000-49999..... 20	100000+..... 31
22000-23999..... 10	50000-54999..... 21	Don't know..... 32
24000-25999..... 11	55000-59999..... 22	No response..... 00

32. What is your postal code?

- 1 **(Press 1 to open a window and enter the postal code.)** _____
- 2 **Don't know - (Press 2 to open a window and ask:)**
What is the name of your community? _____

0 No Response

33. Finally, if you could change ONE thing in the health care system, what would it be?

(ONLY RESPONDENTS WHO ANSWERED 'A BIT DIFFICULT' OR 'VERY DIFFICULT' TO Q8a WILL BE ASKED Q34a; ALL OTHERS WILL GO TO END)

34. Your responses to some of our questions indicate that it is sometimes difficult for you to get the health services you need. Alberta Health is very interested in learning more about the difficulties Albertans are having. Alberta Health would like us to contact you in a few weeks to ask you for more details about the difficulties you have getting health services. We will only contact you if you are willing to participate further. Your responses to this survey and to any follow-up survey will be kept anonymous and your name and telephone number will not be shared with Alberta Health.

a. Are you willing to be contacted again in a few weeks?

Yes 1

No 2 **(GO TO END)**

No Response 0 **(GO TO END)**

b. Could you please tell us your name, so we know who to ask for when we call back?

(IF RESPONDENT IS UNWILLING TO GIVE NAME, ASK FOR INITIALS.)

c. In case we are unable to locate you at this telephone number when we call again, could you give us another telephone number of a family member or friend who would know how we could get in touch with you?

999-9999 Refused/Don't Know

WE'VE REACHED THE END OF OUR SURVEY AND I'D LIKE TO THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

TO BE COMPLETED BY THE INTERVIEWER

1. Please record the length of the interview in minutes. _____

THUMBNAIL SKETCH

Briefly describe anything about the respondent or the interview situation that may seem important in interpreting the information given.

I declare that this interview was conducted in accordance with the interviewing and sampling instructions given by the Population Research Laboratory. I agree that the content of all respondent's responses will be kept confidential.

2. RE-ENTER GENDER OF RESPONDENT

Male..... 1

Female..... 2

3. ENTER YOUR INTERVIEWER NUMBER _____

4. PLEASE GO THROUGH THE QUESTIONNAIRE AGAIN FOR YOUR FINAL EDIT BEFORE RECORDING IT AS A "COMPLETED INTERVIEW".

5. THIS IS THE END OF THE QUESTIONNAIRE!
PRESS "1" TO END.

THIS IS THE END OF THE SURVEY!

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